MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00499

Female To BIRTHPLACE (State ar fareign country) Penn O. CITY OR TOWN OF DEATH TOWSON 3a. USUAL RESIDENCE (Where deceardmissian) STATE And Tows And Tows Ida. WAS DECEASED EVER IN U.S. AR Yes, ao, ar unknawn) IB. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI IMMED Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause	Cau 7b. CITIZEN OF WHAT COUNTRY? U S A 11. NAME OF HOSPITAL OR INST give street address) Greater Balt: sed lived, if institution: Residence before 13b. COUNTY Middle Mason Hessel Meson Hessel 16b. SOCIAL SECURITY N 218-28-0 nly ane cause per line far (a), (b), and (c). D BY: DUE TO, OR AS A CONSEQUENCE OF	8. MARRIED X MIDOWED TO MIDOWED TO ME TO M	ed. Center of the control of the con	898 9. USUAL Cing most E CITY LIMITS NO AME First	COUNTY OF DEA Balt DCCUPATION (Kin of working life, HOUSE) 13e. STREET 16200	Manth Daria Sage (In years st birthday) 69 YRS. TH IMORE d af wark dane even if retired.) WIFE AND NUMBER Alta A Middle	12b. KIND O INDUSTRY OWN	M F BUSINESS OR
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last. 57/0	(c)							
PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE	E TERMINAL DISEAS	E OR CON	DITION GIVEN IN	PART 1(a)		
Bronchopneu	monia							
19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?		20b. IF YES, CAUSES OF	WERE FINDINGS (CONSIDERED IN	CERTIFYING
RTIE			25	10		Yes	_	
	2101 11110 21 11110111	21c. HOW I	NJURY OCCURRED	(Enter no	ature of injury in	Part I ar Part 2,	Item 18.)	
(If either, natify medical exam	iner) P.M. 19							
≥ 21d. INJURY OCCURRED 21e	. PLACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATI	ION Street or R.F.	.D. Na.	City or T	own	County	State
lat wark at wark							100	
22a. I certify that (I) (the	is haspital) attended the decease	d fram	12/19	19.67	_, ta	1/3 , 19	7 <u>68</u> , tha	t (I) (we) la
saw the deceased	alive an 1/3 19 e, (i) (we) (did) (did not) view the b	768_, and the	at in (my) (aur	() apinio	an death accu	rred an the do	ate and hour	and fram th
22b. SIGNATURE	e, (r) (we) (uid) (did har) view me b	oudy affer deal	ui.			22,	DATE SIGNED	
1	7. 668.	DEGREE	ATTENDING PHYS.	MED.	CTOP ST.	AFF US.	1/4/68	•
22d. PHYSICIAN'S	u ci Huar	OLONIE.	22e. ADDRESS	- DIKE	Clok - Fi	173.	1/4/00	>
	E. Adams, M.D.			1 N.	Charles	Street		
		EMETERY OR CRE			3d. LOCATION (C		(Caunty)	(State)
The state of the s		ens of			Baltin			. bN
24. FUNERAL DIRECTOR H.W. Jenkins			25a. Ri	EC'D BY R				

Pages and 2 ours after death. papers to FUNERAL DIRECTOR: After this cerificate has been signed by the attending physician and completely filladula director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban, paper should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 FOR HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00502 00500 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) puo JANUARY JOHN NAYLOR 5. DATE OF BIRTH 3. SEX IE LINDER 1 YEAR 4. RACE 6. AGE (In years last birthday) requires that the death certificate be executed within 24 hours aft d completely filled in by the move carbon papers. Page 1/25/87 MATE **NEGRO** 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED MARYLAND WIDOWED [DIVORCED T BALTIMORE U.S.A. 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR RATLROAD during most of working life, even if retired.) FORT HOWARD ADMIN. HOSPITAL 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YESD remove 2924 BAKER STREET BALTIMORE ony 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Last Middle Last JOHN NAYLOR LORENDA BELL 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) 705 07 L1 89 CLINICAL RECORDS, VAH. FT. HOWARD, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA DAYS cremation, or IMMEDIATE CAUSE (o) De 3 to 4 to 4 to 4 to 4 to 5 signed by the buriol-transit p Conditions, if any, which gave) BRONCHOGENIC CARCINOMA RIGHT UPPER rise to immediate cause (a), DEFICION CONTROL METASTASES TO LIVER AND LEFT ADRENAL UNKNOWN stoting the underlying couse; UNKNOWN ARTERTOSCLEROFIC HEART DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 3 NO . 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stole While Not while at work 22a. I certify that 1) (this haspital) attended the deceased from JAN 22, 1968, to JAN 28, 1968, that (1) (we) last saw the deceased alive on JAN 28 1968, and that in 1968, and the 1 TO FUNERAL DIRECTOR: After causes stated above (we) (did) (tinta at) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 1/29/68 director, page 3 should be filed DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) JUVAN, M. D. VAH FORT HOWARD, MARYLAND PETER V 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) LOUDEN PARK NATIONAL 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

WILSON FUNERAL HOME

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3. SEX Female 4. RACE White 5. DATE OF BIRTH 3-20-1895 7. BIRTHPLACE (Stote or foreign country) Hamburg 10. Germany Hamburg 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address). 12. USUAL OCCUPATION (Iduring mast of warking lifty and is not in the spitol during mast of warking lifty and is not country) 13. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddress). 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Frederick Orever 16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, of winknawn) 18. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive right intracerebral hemorical disease in immediate couse (a). (b) Hypertensive cardiovascular disease in immediate couse (a).	Month Doy 17 6. AGE (In years lost birthdoy) 72 YRS. PEATH Baltimor Kind of work done fe, even if retired.) ET AND NUMBER 3 James Av Middle M. Address	1968 IF UNDER 1 YEAR MONTHS DAYS TE 12b. KIND OF INDUSTRY Venue - Roe APPROXI	Last
3. SEX Female 4. RACE White 5. DATE OF BIRTH 3-20-1895 7a. BIRTHPLACE (Stote or foreign country) Germany Hamburg 10. CITY OR TOWN OF DEATH Towson, MD. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address). 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before oddress). 13b. COUNTY Bato. 14. FATHER'S NAME 15 Middle 15 Mother's Malden NAME First First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 15 MOTHER'S MAIDEN NAME First Massive right intracerebral hemorics of immediate couse (o). (b) Hypertensive cardiovascular disease	Address	1968 IF UNDER 1 YEAR MONTHS DAYS TE 12b. KIND OF INDUSTRY Venue - Roe APPROXI	IF UNDER 24 HRS. HOURS MIN M BUSINESS OR 21 234 Last Je
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D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking lift warking lift was street address) II. NAME OF HOSPITAL OR INSTITUTION (II not in hospital during most of warking lift was street address) II. NAME OF HOSPITAL OR INSTITUTION (II not in hospital Homeinake during most of warking lift was street address) II. NAME OF HOSPITAL OR INSTITUTION (III not in hospital Homeinake during most of warking lift was street address) III. NAME OF HOSPITAL OR INSTITUTION (III not in hospital Homeinake Homeinake III. III. NAME OF HOSPITAL OR INSTITUTION (III not in hospital Homeinake III. III. NAME OF HOSPITAL OR INSTITUTION (III. III. III. III. III. III. III. II	Kind of work done fe, even if retired.) er ET AND NUMBER 3 James Av Middle M. Address	12b. KIND OF INDUSTRY Venue - Roe Some	BUSINESS OR 21234 Last Je
Towson, MD. give street address St. Joseph Hospital Homeinak	fe, even if retired.) er ET AND NUMBER 3 James Av Middle M. Address	Roe Some	21234 last Se
Odmission) STATE Maryland 13b. COUNTY Balto. Baltimore YES NO 850 14. FATHERS NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Roma 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, of winknawn) (If yes give war or dates of service) 220-30-1738 Mr. Herman Neels 18. CAUSE OF DEATH (Enter only ane couse per line far (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive right intracerebral hemory (Canditions, if ony, which gave) The properties of the immediate couse (o). (b) Massive cardiovascular disease (b) Hypertensive cardiovascular disease (b)	er ET AND NUMBER 3 James Av Middle M. Address	Roe (Same)	Last SE
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16d. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, of yinknawn) 18. CAUSE OF DEATH (Enter only ane couse per line far (o), (b), ond (t).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave is eligible to immediate couse (o). (b) Hypertensive cardiovascular disease	Address	Same)	MAYE INTERVAL
Yes, no, otymknawn) [If yes give war or dates of service] 220-30-1738 Mr. Herman Neels 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Use To, OR AS A CONSEQUENCE OF Canditions, if ony, which gave is to immediate couse (o). (b) Hypertensive cardiovascular disease		APPROXI	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave is a lower of the couse (o). (b) Hypertensive cardiovascular disease of the couse (o).	rhage	APPROXI	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Consequence OF Conditions, if ony, which gave is to immediate couse (a). (b) Massive right intracerebral hemory A Consequence OF Hypertensive cardiovascular disease (b)	rhage		
4/2 DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove) Inse to immediate couse (o). (b) Hypertensive cardiovascular disease	rnage		
Conditions, if ony, which gove hise to immediate couse (o). (b) Hypertensive cardiovascular disease			
nise to immediate couse (a).			
THE TO ARE TO ARE A CONCENTRAL AT	se		
stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF			
(c)			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)		
8 443 X			
	'ES, WERE FINDINGS CO OF DEATH?	ONSIDERED IN C	ERTIFYING
	in Part 1 ar Port 2, I	Item 18.)	-
OR CONTRIBUTING CAUSE OF CHATH HOUR A.M. Month Day Year 19 19 19 19 19 19 19 1			
	r Town	County	Stote
While Not while at work of wark			
22a. I certify that (I) (this hospital) attended the deceased from Jan. 17, 1968, to Jansaw the deceased glive an Jan. 17, 1968, and that in (AM) (our) opinion death of	n. 17 , 19	68 , that	t (#) (we) la:
saw the deceased alive an Jan. 17 1968, and that in (AP) (our) opinion death of	curred on the do	te ond hour	ond from th
couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth.	20. 0	DATE CIGNED	
22b. SIGNATURE ATTENDING MED. DEGREE PHYS DEGREE PHYS DEFICIOR DEFICIOR	STAFF	DATE SIGNED	
DEGREE PHYS. L. DIRECTOR L. 22d. PHYSICIAN'S 22e. ADDRESS	PHYS. Lat 1	r-10-00	
NAME (Type) Lawrence F. Misanik, M.D. 7620 Yerk Rd., T	owson Md	21 204	
	(City or Tawn)	(County)	(State)
DEMONIST OF MAN	Baltimore	100	, ,
1/20/68 Loudon Park (emetery 124 FINERAL DIRECTOR ADDRESS 250, RECT) BY REGISTRAR	2Sb. REGISTRAR'S		
Leonard J. Ruck Inc. Balto Md. 21214 DATEJAN 22 198	12 Tillian	rles Jus	1900.

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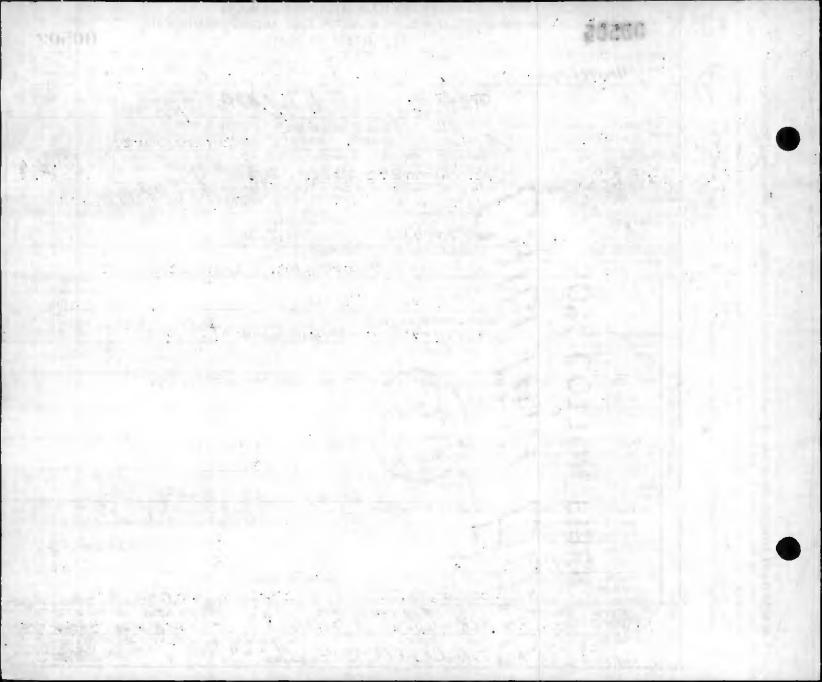
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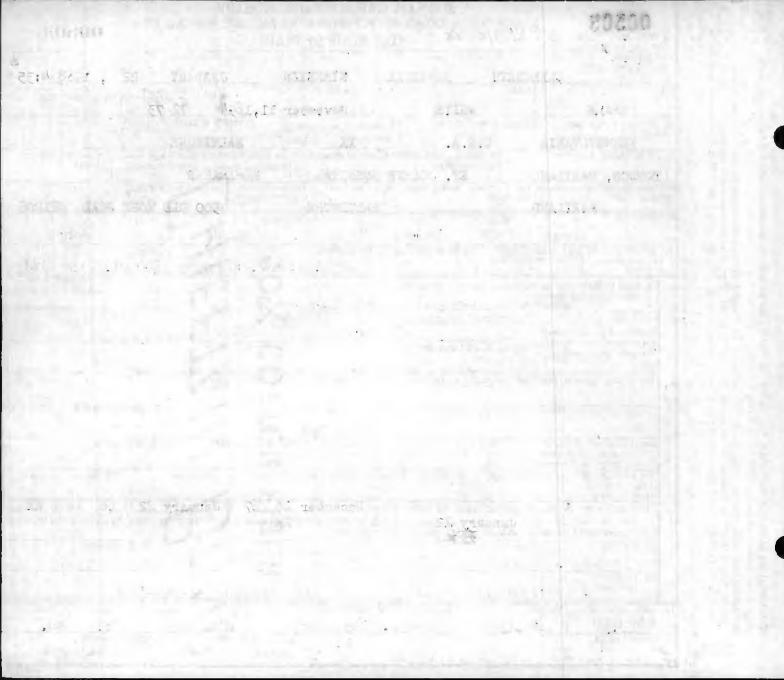
gentle to the trade of the same of the sam

00502

1.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
	(Type or print) R. HERBERT CLEVELAND NEILSON ST. 1, Month 20 Day 1968 11 30 AM
,	SEX A. RACE S. DATE OF BIRTH 6. AGE (In years lif under 14 Hrs. 16 Under 24 Hrs. 16 Under 24 Hrs. 17 Under 24 Hrs. 17 Under 24 Hrs. 18 Under 2
7	a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BYSINESS, OR,
1	Mt. Wilson State Hosp. during most of working life, eyen if retired.) INDUSTRY CROWN COMPANY.
	to USUAL RESIDENCE (Where deceased lived, if institution: Residence before dission) STATE MD. 13b. COUNTY Baltimor Baltimor Paltimor Palti
	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last HARSTER NEILSON JANE?
	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	Yes, no, or unknown) ((fyes give wor or doles of service) 215-01-6533 Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY EDEMA HTS.
	4/20 DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if ony, which gave (b) A RTERIOSCLEROTIC, AND HYDERTENSIVE MEART DISEASE
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	lost. 4201 (c)
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	PULMONIAN EMPHYSEMH 190. DATE OF OPERATION 1795. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? [205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	YES ₩ NO □ CAUSES OF DEATH?
	GIF either, notify medical exominer) HOUR A.M. Month Day Yeor P.M. 19
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State at work at work
	22a. I certify that (I) (this hospital) attended the deceased from 12.7., 1967, to 12.0., 1968, that (I) (we) lassaw the deceased alive an 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
	22b. SIGNATURE DEGREE ATTENDING DIRECTOR STAFF DIRECTOR STAFF DIRECTOR STAFF DIRECTOR DIRECT
	22d. PHYSICIAN'S NAME (Type) William Newcomer, M.D. NOUNT Wilson, Maryland
	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	REBUNISMENT JAN 24 1968 PARKWOOD CEMETERY TAYLOR AVE BALTO MD
	THE DIDDE DOOR IN THE BEACH THE DIDE TO THE PURCH THE DIDE TO THE
	THE DIPPEL BROS INC 7110 BELAIR RUAD DATE DATE



- 1		ECEASED-NAME	First		Middle	ERTIFICA	Last		DATE OF DEATH			2b. HOUR
	(T	Ype or print)	ELIZ	ABETH	ISABELI	LE 1	TEMEYE	R	JANUARY	1th Day	. 196	8 4:35
- 1	3. SE	Х		4. RACE		5	DATE OF BIRTH		6. AGE	(In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
		FEMALE			WHITE		Nevembe:			irthday) 73 YRS.	MOIVING DATA	I III III
	7a. E	BIRTHPLACE (State or 1	fareign 71	o. CITIZEN OF WHA			NEVER MARRIE		UNTY OF DEATH			
ı		PENNSYI			S.A.	WIDOWED	ъ		ALTIMORE	1 1	Lyan Million	M
8		ITY OR TOWN OF DEA		give si	ME OF HOSPITAL OR INS reet address) ST. JOSE	III WITON (It not	in haspital	during mast of	UPATION (Kind of warking life, eve EMAKER	n if retired.)	INDUSTRY	BUSINESS OR
0		TOWSON, MA		lived if inetitution	ST. JOSE	PH HOSP.	TAL 124	HOM INSIDE CITY LIMITS?	13e. STREET AND	Milubed		
2		ission) STATE		13b. COUNTY	II. Kesideile beidie			S NO			DOAD	JI22 206
	14. [ARYLANI	Middle	Last		NOTHER'S MAIDE	N NAME First	500 OL	Middle	RUALI	Lost
1			Morgan	11.02.0	Thoma				ith		Jor	
	16a.	WAS DECEASED EVER	IN U.S. ARMED		16b. SOCIAL SECURITY I		ORMANT			Address		
	Υ	es, no, or unknown)	(If yes give word	e dates of service)		M	r Willi	am F. N	iemeyer	500 U	ld Home	
			H (Enter anly	ane cause per lin	e far (a), (b), and (c).)					APPROX BETWEEN	IMATE INTERVAL DNSET AND DEATH
		PART I. DEATH	WAS CAUSED E	Y: CAUSE (a)	Longester	e chear	t Park	~~				
		4120)		A CONSEQUENCE OF		C					
		Canditions, if any, w	hich gave	(b) 14	mentenan	is arter	inscience	I her	ut desi	4 1		
		rise to immediate a			A CONSEQUENCE OF			17				
		last.)	(c)								
		PART 2. OTHER SIGN	IFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO 1	HE TERMINAL DI	SEASE OR CONDIT	ION GIVEN IN PAR	T 1(a)		
	NO	443 X	To in a						T			
1	CERTIFICATION	19a. DATE OF OPERATI	ON 19b. CO	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY		20b. IF YES, WE CAUSES OF DEA		ONSIDERED IN	LERTIFYING
1	ERTIF	21a. ACCIDENT WAS	TINIDEDI VINC	LOS THE OF	MINIBY	21. 1101	YES -		1111 - 1-0	1 D 2	10.0	
		DR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF HOUR A.M.	Month Day Year	ZIC. HOW	INJURY OCCUR	CEU (Enter natu	re of injury in Par	I or Part 2,	Item 18.)	
	MEDICAL	(If either, natify me- 21d. INJURY OCCUR	dical examiner	P.M. ACE OF INJURY (AT HIDME FARM STREET FAI	TORY \ DIS LOC	TION Character	DED No.	City ar Tawr		County	State
	-	While Nat while	21e. PL	ALE UP INJUNT (AT HOME, FARM, STREET, FAI DEFICE BUILDING, ETC.	Zir. 100	UIN Street di	K.P.U. NO.	city at tawn		county	91016
		at wark at wark	- My /11 *	hornital) atta	nded the deceas	od fram De	cember	28 19 67	tolanuar	v 22 10	68 the	+ /I) /XX L
		saw the de	ceased aliv	e au Tenne e au Tenne	nded the decease 22 (Cot) view the	9_68 and	that in (my)	(OV) apinian	death accurre	d an the da	te and haur	and fram th
		causes stat	ed abave, (I) (we) (did) (view the	bady after de	ath.	runc / - r				
		22b. SIGNATURE	**				ATTENDING	MED.	STAFF	22c.	DATE SIGNED	
		ant-6	un 7	· me	ماره	DEGREE	PHYS.	DIRECTO		F4- 1.	-22-	67
							22e. ADDRES				4	
		22d. PHYSICIAN'S	I M		1		والنز	1	4 4	<i>p</i> -		
		22d. PHYSICIAN'S NAME (Type)	L. M		(M.D.			· Josep		pula	1	
	23a.	22d. PHYSICIAN'S NAME (Type)	23b. DA	TE	23c. NAME OF	CEMETERY OR CI	REMATORY	23d	. LOCATION (City	,	(Caunty)	(State)
		22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify)			23c. NAME OF Parkw	ood Cem	etery	23d	. LOCATION (City Baltimore		Co.	(State) Md.
		22d. PHYSICIAN'S NAME (Type)		TE	23c. NAME OF Parkw ADDRESS	rood Cem	etery 25	23d	. LOCATION (City Baltimore	DECISTDAD'S	Co.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00506 00504 CERTIFICATE OF DEATH T. DECEASED-NAME First Middle Last 2g DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death (Type or print) January Charles C. Nitchie SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In veors IF UNDER 24 HRS last dighday) Male White Nov. 29, 1881 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED 📉 NEVER MARRIED 🗔 country) Illinois Bal timore DIVORCED [WIDOWED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Gresapeake Manor N. H. during most of work ng ife even if retired.) Research Towson 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e, STREET AND NUMBER 136 INSIDE CITY LIMITS? odmission) STATE 13b COUNTY NO K 2009 Indian Head Rd. remaye 14. FATHER'S NAME First Lost IS MOTHER'S MAIDEN NAME First Lost Howard John Nitchie Catherine Carter 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yeshno, ar unknown) (If yes give way or dates of service) or remayal, 073-05-5426 Mr. Charles D. Nitchie same address 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c).) signed by the attending burial-transit permit. Th BETWEEN OWSET AND DEATH ARTERIOSCIERATIC CARDIO - VASCULAR DISTANT PART I. DEATH WAS CAUSED BY: crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medico exominer) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (I) (this heapital) attended the deceased from 1900, and that causes stated above, (I) (we) (did) (did not) view the body after deoth. 196X, and that in (my) (00) apinion death accurred an the date and hour and from the 22b. SIGNATURE 22c DATE/SIGNED ATTENDING STAFF PHYS. DEGREE director, page should be filed PHYS 22e. ADDRESS 206 SIWINSKI NAME (Type)

23c NAME OF CEMETERY OR CREMATORY

Loudon Park Crematory

VR A15 (4) 30M REV 1/68 230. BURIAL, CREMATION

REMOVAL (Spacely)

FUNERAL DIRECTOR

23b DATE

25g. REC'D BY REGISTRAR

Baltimore, Md. 25b REGISTRAR'S SIGNATURE

23d. LOCATION (City or Town)



VR A15 (4) 30M REV, 1/68

. V

MADVIAND CTATE DEDADTMENT OF UCALTU

MAKILAND STATE DEPAKTMENT OF REALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0050
CERTIFICATE OF REATH	0 0 (71)

	00507	DIVISION OF VIT	AL RECORDS, 30	1 W. PRESTON ST	REET, BALTIN	IORE, MARYLAND 21	201	505
		ems #7a & b	8 OF TEE	RTIFICATE OF	DEATH	conv. w/ Fur		
	DECEASED-NAME F	rst	Middle	Last		20. DATE OF DEATH	7.11.17 14.1 £ 1.16	2b. HOUR
П	(Type or print)	ARY	C.	NITSCI	/	JAN. Month	Day Year	E M
3. 5	SEX	4 RACE		S DATE OF B	1RTH 28, 188	6 AGE (In ye last hirthda	OOTS # UNDER 1 YEAR WONTHS DAYS	
	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT O	OUNTRY? 8.	MARRIED NEVER MAI		COUNTY OF DEATH	180	
cat	York, Pa.	U.S.A.	W		RCED	Balto.		Md
	CITY OR TOWN OF DEATH	a nive street		JTION (If not in hospital	during most	OCCUPATION (Kind of world of world of working life, even if re	rtired INDUSTRY	OF BUSINESS OR
	o. USÚAĽ RESIDÉNČE (Where dec missian) STATE MZ-				13d INSIDE CITY LIMIT	32 13e STREET AND NUM		SV.
14	FATHER'S NAME First	Middle	Lost		AIDEN NAME Firs	i M	iddle .	Lost
14	- MAC DECEASED FORD IN U.C.	-	FEWANDAL.	7	OT KNI	NW		
	Yes, no, or anknown) (If yes g	NAMED FURCES? [100]	SOCIAL SECURITY NO	17 INFORMANT	of C.	ilach -2	S. Buch	wooda
	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMI	ISED BY: EDIATE CAUSE (0)	andel	ac Ov	hyth	mia		X.MATE INTERVA. ONSET AND DEATH
	Canditions, if any, which gar use to immediate cause (a		CONSECUENCE OF	clirate	el Ne	est Disl	ase	
	stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF	haleeys	tites	<u> </u>		
2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT R	RELATED TO THE TERMINA	L DISEASE OR CON	IDITION GIVEN IN PART 1(a)		
CERTIFICATION	19a DATE OF OPERATION 1	96 CONDITION FOR WHICH C	PERATION WAS PERFOI	RMED 20a. AUTO	- 4	20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINGS CONSIDERED IN	CERTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. M Iminer) P.M.	onth Day Year 19			oture of injury in Port 1 or	Part 2, Item 18.)	
ME	21a. INJURY OCCURRED 2 While Not while at work	THE PLACE OF INJURY (AT H	OME, FARM, STREET, FACTORY E BUILDING, ETC.	21f LOCATION Stre	et ar R.F.D. No.	City or Town	County	Stote
	22a. I certify that (I) saw the deceased causes stated abo	(this haspital) ottends alive an / ove, (I) (we) (did) (did	not) view the bod	from Julius S, and that in (m ly after death.	, 19 7 1y) (aur) apind	on death occurred on	the date and hou	it (I) (we) lost r ond from the
	22b, Signature	1. Br	yeon	DEGREE PHYS	DIRE	CTOR STAFF PHYS.	22c DATE SIGNED	en 68
	PHYSICIAN'S NAME (Type)	1/12 m	T. BA	150 22e. ADE	H605	Edmon	dron a	ul
L	REMOVAL (Specify)	1-20-68	Cathe	ETERY OR CREMATORY	רייכ י	23d LOCATION (City or Town	· m	(State)
24.	. FUNERAL DIRECTOR	4, 77	ADDRESS	1.7100	25a. REC'D BY		ISTRAR'S SIGNATURE	
	Tarke Car	mough to	V. Gelon	willing	DATEJAN	19 196A P	Missela Des	440.



00508

to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, crematian, or removal, and in any eyent, within 72 hours after death.

FO NOTIFIE OR ATTENDING PHYSICIAN: The law mapims that the death certificate be executed within 211 hough

Page 4 moy be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00506

1. D	ECEASED-NAME	First		Middle		Last	2o. D	ATE OF DEATH			2b. HOUR
	ype ar print)	JAM	ES	FRANK		NOVAK		JANUAR	Y 7	1968	4:00P
3. S	X		4 RACE			S. DATE OF BIRTH		6. AGE (In	yeors	IF UNDER YEAR MONTHS GAYS	IF UNGER 24 HRS
	MALE		CAUC	ASIAN		APRIL 2,	1899	lest birth	YRS.	MONTHS ONTS	HOURS MIN.
7 _G	BIRTHPLACE (Stote or	oreign	7b. CITIZEN OF WH	AT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. COUN	NTY OF DEATH			
cou	MARYLAND		U.S.	Α.	WIDOWE	DIVORCED [BALTIM			Md
10.	CITY OR TOWN OF DEA	TH	11 NA	ME OF HOSPITAL OR IN	STITUTION (U	OSPITAL 120	USUAL OCCU	PATION (Kind of w	ark dane	125 KIND OF I	BUSINESS OR
	FORT HOW		l, A	ETERANS A	ADMIN	ISTRATION				MIDOSIKI	-
	USUAL RESIDENCE (W	here deceas	ed lived, if institute 136 COUNTY	on Residence before	1			13e. STREET AND N			_
	MARYLAND		OUEE		STEV	ENSVILLE		LOVE P			
14.		irst	Middle	Lost	A	15. MOTHER S MAIDEN NA			Middle	2011	Lost
	_	MES		NOV			ANTOI	METTE	A.1.I	ROK	OKSKY
160	WAS DECEASED EVER (es no pr unknown)		er or dates of conoce)	16b. SOCIAL SECURITY		. INFORMANT	20000		Address	14 DD - 14	m
_						CLINICAL RI	BCORDS	S, VAH P	I HOW		AATE INTERVAL
	18. CAUSE OF DEATH			e for (a), (b), and (c)						BETWEEN OF	NSET AND DEATH
	2	IMMED!	ATE CAUSE (o)	RONCHOPNE	TNOM	A					
	2 /	htsh		S A CONSEQUENCE OF			ATT. 17 A		4		
	Conditions, if ony, v rise to immediate					CINOMA WITH			AL EF	FOSTOM_	-
	stating the underly	ing couse		S A CONSEQUENCE OF	AND	ABDOMINAL I	METAST	ASES			
	_	IEICANT COL	(t)	ING TO DEATH BUT N	INT PELATED	TO THE TERMINAL DISEASE	UBCONDITE	IN GIVEN IN PART I	(a)		
	/ / /	IIIICANII COI	IDITIONS CONTRIBUT	INO TO DEATH BOT I	O KELKILD	TO THE TERMINAL DISEASE	OKCONDING	NE DITEIR NE FAMI	(0)		
CERTIFICATION	190. DATE OF OPERAT	ON 19b.	CONDITION FOR WHI	CH OPERATION WAS PI	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE		ONSIDERED IN CE	RTIFYING
TFICA						YES K		CAUSES OF DEATH?	t		
	21a. ACCIDENT WAS					HOW INJURY OCCURRED	(Enter noture		or Port 2, 1	tem 18.)	
MEDICAL	OR CONTRIBUTING [CAUSE OF DEA	HOUR A.M.	Month Day Year	9						
ME	214 INTERV OCCUR	PED 21e	PLACE OF INJURY	AT HOME, FARM, STREET, FA		LOCATION Street or R.F.I	No.	City or Town		County	State
	While Not while of work		,	,-	1						
	22a Leartify t	at 10 (th	is haspitol) otte	nded the deceas	ed from	10 25 67	19	to 1 7 68	, 19_	, thot	X) (we) los
	I saw the de	ceased o	live on 🔔 🔏	did not) view the	170	nd thot in (pMz) lour) opinion d	eoth occurred	on the da	te and haur	and from the
	22b. SIGNATURE	ed obovi	e, (i) (we) (ala) i	(ala not) view the	body one	i deom.			220	DATE SIGNED	-
	220. SIGNATURE	11.	11. 1	ma	DE	GREE PHYS.	MED DIRECTOR	STAFF PHYS.		/8/68	
	22d PHYSICIAN'S	1-00	war.	11111		22e, ADDRESS	DIRECTOR	Tara.			
	NAME (Type)	JOH	N D. TALI	BERT, M. I		VA HOS	PITAL	FORT H	OWARI	MARY	LAND
230	BURIAL, CREMATION,		DATE			OR CREMATORY		LOCATION (City or	Town)	(County)	(State)
] ,	REMOVAL (Specify)		/11/68			E NATIONAL		BALTIMOR		RYLAND	
24	FUNERAL DIRECTOR			ADDRES	BALT	O. MD 250 RE	C'D BY REGIS	TRAR 25b.	RECESTRAR S	S GNATURE	el cett
IS	CHIMUNEK	FUNE	RAL HOME	.3331 BR	EHMS	LN, DATE	JAN T	2 1988	fund	with born	-



MARYLAND STATE DEPARTMENT OF HEALTH



	00510	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
	WOOLO		CERTIFICATE OF DEATH		00508
T	DECEASED-NAME Firs	t Middle	Last	2a. DATE OF DEATH	2b. HOUR
1	(Type or print)	ary Elizabeth	Oram	Manth Doy	Yeor 6.8
3	SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER YEAR IF JNOER 24 HRS MONTHS DAYS HOURS MIN
	Female	Cau	9/1/75	92 YRS.	MUNEURS LIATS ITULIES IN N
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
- "	<u>Marylan</u>	d USA	WIDOWED DIVORCED	Baltimore	M
110	. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress)		AL OCCUPATION (Kind of work some ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	Catonsville	House in Th	ne Pines Nurs.	,	INDOSINI
113	Impresion) STATE	osed lived, if institution: Residence before	VCC TO NO	াকা	
L	Md	<u> Baltimo</u>	Le Calons.	IZUU4 LISMOP	
14	I. FATHER S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME F		Lost
	John	Oram	Sabra		tzman
10	Sa. WAS DECEASED EVER IN U.S. AF Yes, ng, or unknown) (If yes give	umr ar dittar of connect	Date	Md. Address	one Tone (20
╞	No No	21(-05-2	1713 Mrs Joan E. J	Brown 2004 Lism	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	only one cause per line for (a), (b) and (c)	me no dea il	. 00/	BETWEEN ONSET AND DEATH
ı	IMMED	PIATE CAUSE (a)	rregordiale ing a	ACTION	4 days
н	Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF	Myscardial enfa	13	30 years
	rise ta immediate cause (a)	(b)			30 9 000
	stating the underlying couse lost. 4201	GO TO, OK AS A CONSEQUENCE OF			
		ONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART I(a)	
١,	- Stac	two or right Rip			
0114		b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20o. AUTOPSY?	206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	Sept. 3,1967	Fractured hip	YES NO 🔀	CAUSES OF DEATH?	
		ING 21b. TIME OF INJURY		r noture of injury in Part 1 or Part 2, I	tem 18.)
1 5	OR CONTRIBUTING CAUSE OF OR	niner) P.M.			
1	Z1d INJJRY OCCURRED 21 While Not while	B PLACE OF INJURY (AT HOME FARM, STREET, F) OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.D No	City or Town	County State
П	at work at work			/ 0	
н	22a. I certify that (I) (1	his haspital) attended the deceas	sed_fram, 19.4 196&_, and that in (my) (aur) api	0 , to 20, 19	<u>६८</u> , that (I) (we) la
1	saw the deceased causes stated above	ve, (I) (we) (did) (did nat) view the	bady after death.	mion deamoccorred an the da	re and noor and train in
н	22b. SIGNATURE	\		AED STAFF 220	DATE SIGNED
Т	X.	rouard Hotel 1	11 DEGREE PHYS.	AED STAFF PHYS.	M68
	22d. PHYSICIAN'S NAME (Type) KE	UNDAD YAFFE	m) 22e. ADDRESS 550	1 Forest Paux	Coore
	1				
23	BURIAL, CREMATION, 23b REMOVAL (Specify)		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
2	REMOVAL (Specify) Burial	1/23/68 Loud	don Park	Catonsville	
1,	7-20 Caple Division 6212	Balt. Nat. Pike ADDRES	MId 21228 DATE	2 REGISTIS 68 256 STEELSTRAN	the grant
P\/\	VIII (AAKT BYA)	nke weet inc. Bail	IVITI 6 L6 6 O L VAIL		

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00511 CERTIFICATE OF DEATH 00509 DECEASED-NAME Middle First 20 DATE OF DEATH (Type or pnnt) 3 SEX 6 AGE (in years F UNDER 1 YEAR last birthaay) MONTHS signed by the attending physicion and completely filled in by burial-transit permit. Then please remove corbon papers. Pobburial, cremation, or removel, and in any event, within 72 hours requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13a USUAL RESIDENCE (Where deceased fived, if institution: Residence before 2132 CITY OR TOWN 13n STREET AND NUMBER 3d. INSIDE CITY LIMITS? admission) STATE 13b COUNTY YES 🖂 NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Last 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. or unknown) (If yes give wat or dates of service) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac arres IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave t nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physicion. stating the underlying causes Cardiac Cerrithmus PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1401 O FUNERAL DIRECTOR: After this certificate has been detached for use as the te Dept of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [by the hospitol or 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, natify medical examiner) PM 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while at work 220 I certify that (I) (this hospital) attended the deceased from Gaulia, 1967, to fourty 9, 1968, that (I) (we) lost sow the deceased alive on Alecender 28, 1967, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. director, page 3 should should be filed with the 22b. SIGNATURE 22c DATE SIGNED ATTENDING MINDEGREE DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS Phoenix, And NAME (Type) MECORKLE MO 23a. BURIAL, CREMATION 23c-MAME OF CEMETERY OR-GREMATORY (County) (State) REMOVAL (Specify) EMETER DATE

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00512

O NOSHITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

30M REV

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages I encompletely filled with the State Dept. of Health priar to burial, cremation, or removal, and in any event, with 72 hads after deet

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00510

	ECEASED NAME	First		Middle		Lost		2a. DAI	TE OF DEATH			26. НОШЯ
1	Type or print)	Gert	rude	G.		Overby			Mar	-	_ Yeor	10-20 PM
3. S	EX	CELL	4 RACE	0.		S. DATE OF B	IRTH			(In years	IF UNDER I YEAR	IF UNDER 24 HRS.
			v 21. 3.	L .		E- b-m	lary 6,	1000	last b	rthday) YRS.	MONTHS DAYS	HOURS MIN
7-	Female BIRTHPLACE (State or f	71	Whi.		9				Y OF DEATH) 1K3.		
COU	ntry)			IAI COUNTATE		D NEVER MA	KKIEU			4		
B	alto. Mary	land	U.S.A.		WIDOWE	- Table	RCED 🗌		Baltimo			Md
	CITY OR TOWN OF DEA ockevsvill		11. NA give s Ma	ME OF HOSPITAL OR/INS treet oddress) SON LC Home	N NOITUTIIS S of	not in haspital			IT ON (Kind at king life, eve		125 KIND OF B	JUSINESS OR
				on: Residence before			13d. INSIDE CITY LIN	M.TS7 13	Be. STREET AND	NUMBER		
odm	ission) STATE Marylan		Anne A	- d		idena	YES NO		Rt. 6	Box 15	IA Pine	Haven
14.		ırst	Middle	Lost		IS MOTHERS N	VAIDEN NAME Fi	irst		Middle		Lost Dr
	.To	seph		Gerard		Marga	aret				Sate	
16a	. WAS DECEASED EVER		FORCES?	16b SOCIAL SECURITY N		INFORMANT				Address		
1	Yes, na, ar unknawn)	(If yes give wor o	r dates of service)	215 40 26	20	Md Ma	II.		On elec		la Ma	
	No.			215-9-26		MG MAS	sonic_Ho	omes	COCKE	VSVIII	e Md.	ATE INTERVAL
	PART I, DEATH \	H (Enter only)	ane cause per lin	for (o), (b), gnd (c)	510	10.	. , , ,	11	1. 1	11.	BETWEEN ON	SET AND DEATH
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	1 .	1	DUE TO, OR A	S A CONSEQUENCE OF	/		11	,			1	
	Conditions, if any, w	hich gave	(b)		Kt	- Well	1/1	em	ulle	-		
	rise to immediate o	ouse (o), {		S A CONSEQUENCE OF				-	/			
	stating the underlyi	ing canze	(c)									
		IFICANT CONDI		TING TO DEATH BUT NO	T DELATED	TO THE TERMINA	AL DISEASE OR CO	ONDITION	CIVEN IN PAR	T 1/o)		
	TRKI Z. OTHER SION	II IOGAL COMPS	HONS CONTRIBO	THE TO DEATH BUT INC	/ KLDAILD	IV IIIL ILKININ	AL DISEASE ORCE	ONDITION	DITCH IN TAK	1 1(0)		
S.	19a. DATE OF OPERATION	ON TIPL CO	NDITION COD WILL	ICH ODERATION IVAE DER	CODMED	100- 4117	00000	Lor	ht ir vre initi	or ringenes co	ONCIDENCE IN CEL	DTICKING
CERTIFICATION	19d. DATE OF OPERATIO	UN 190.CU	NUTTION FOR WHI	ICH OPERATION WAS PER	PUKMED	20a. AUT			UD. 11 TES, WE AUSES OF DEAT		ONSIDERED IN CEI	KHPTING
RTF						YE\$ [-					
	210. ACCIDENT WAS				21 c.	HOW INJURY OF	CURRED (Enter	nature at	f inju ry in Par	I or Part 2,	(tem 18.)	
MEDICAL	OR CONTRIBUTING (If either, notify med		HOUR A.M.	Month Day Year								
ME	21d. INJURY OCCURR	ED 21e. PL		AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.		LOCATION Stre	et or R.F.D. No.		City or Town		County	State
	While Not while at wark		'	OFFICE BUILDING, ETC.	- 1				_			
	220 L cortifu to	at (I) (this	hospital) atta	ended the decease	d from	touche	7 196	1 10		10/	50, that	(I) (wa) lac
	cow the de	roacod aliv	nospiion-dire	ended the decedse المساوية		nd that in /n	ny) (qur) qnir	nian da	otopecure	d on the de	ite and hour a	ind from the
	couses state	ed obove.	i) (we)(didf	(did not) view the b	ody afte	r death.	.,, (aoi, apii	mun det	, occurre	a on the du	ne una nobi a	illa il olii ilia
	22b. SIGNATURE		1	11 1					_/		DATE SIGNED	-
		Tams	hest k	tamel.	Minde	GREE PHYS		ED Irector	STAFE PHYS.	0 //	15168	
	22d. PHYSICIAN'S NAME (Type)	70	(11)	2 1/21	1	22e AD	DRESS	Pan.	(1)	11nn		
	(thur (thue)	VHI	1)/1//) MAN	(-1)		1-66	UIV	/ (/	10176		
23a	BURIAL, CREMATION,	23b. DA	_	23c NAME OF C					CATION (City	,	(County)	(Stote)
	BNOXAT (Solcity)	1/	8/68	Woodlaw	n Cer	netery			dlawn			1d.
24	FUNERAL DIRECTOR			ADDRESS			2Sa. REC'D BY			REGISTRAR S		
T.T	C ala Da	T palear	Tream 1	050 Varie D	2 5	1.9.04.	DATE LA M	10	1000	Willen	Ja . 1	Code

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00511 CERTIFICATE OF DEATH South 2 First Middle DECEASED NAME 2a. DATE OF DEATH (Type or print) Manth 2 OSEPH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de within 72 hours after SEX 6. AGE (In years IF UNDER 1 YEAR lost birthday) MONTHS OAYS HOURS 9. COUNTY OF DEATH 8 MARRIED 🔀 NEVER MARRIED 🗌 WIDOWED [DIVORCED campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) event, (Where deceased lived, if institution: Residence before 13C CITY OR TOWN 13d INSIDE CITY EDMITS? 3e STREET AND NUMBER odmission) STATE 13b. COUNTY YES Y and in any 14. FATHER'S NAME Middle and aprinolo 160-WAS DECEASED EVER IN U.S. ARMED FORCES? Same Yes ino, at unknown) or removal, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the L f Health priar ta b Page 4 may be retained by the haspital ar attending has been CERTIFICATION 19g. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 210. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Caunty Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1. 2. ., 19.6.8_, to_1 saw the deceased alive an morning 1.14 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the O FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING Rahem DEGREE director, page PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) Ltimore Mary iardens (250. REC'D BY REGISTRAR DATE JAN 15 25b. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A1514 Ruck Inc 5305 Harford Rd 30M REV 1768

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00514 00512 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2a, DATE OF DEATH (Type or print) REESE JAN. ROBERT PARKER 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR physician and campletely filled in by the en please remove carban papers. Pages last birthday) MARCH 5,1874 MALE WHITE YRS law requires that the death certificate be executed within 24 haurs 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED ban papers. within 72 ho country) WIDOWED X DIVORCED [BALTIMORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) CHESAPEAKE during most of working life, even if retired) **INDJSTRY** TOWSON GROCERY and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YEŞ 🔽 NO 🗔 MARYLAND BATITIMORE TOWSON 703 SAWYER 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle DANIEL PARKER ELIZABETH REES 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) ar removal, WILBUR R. PARKER TOWSON. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave t rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending as the O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health YES [NO 🔲 be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased fram MARCH, 1963, to VANT, 1968, that (1) 1968, and that in (my) (eur) apinian death accurred an the date and have and from the saw the deceased alive an Jan 6 causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR JAN. 7.1968 DEGREE 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) SAMUEL ISAAC O'MANSKY. 8523 LOCH RAVEN BLVD director, BATHTIMORE shauld

VR A15 (4) ~ 30M REV, 1/68

24. FUNERAL DIRECTOR WILLIAM G. KIGHT

23a BURIAL, CREMATION

REMOVAL (Specify)
BUR LAL

23b. DATE

HILLCREST BURIAL PARK JAN. 9. 1968 **ADDRESS** CUMBERLAND, MI).

NAME OF CEMETERY OR CREMATORY

25g. REC D BY_REGISTRAR

23d. LOCATION (City or Town)

CUMBERLAND ALLEGANY MARYLAND REGISTRAR'S S'GNATURE

(County)

(Stote)

2b. HOUR

Last

APPROXIMATE INTERVA

State

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,				MARYLAND	STATE DEPARTMENT OF	HEALTH	
	1		0.0516	DIVISION OF VITAL RECORDS, 30	I W. PRESTON STREET, BALI	TIMORE, MARYLAND 21201	
	-		00515	CE	RTIFICATE OF DEATH		00513
=	_ ~ 4		CEASED NAME First	Middle	Last	20. DATE OF DEATH	2b HOUR
eat	deoth	_	ype or pnnt) Pos	1/0//	Parry	Month Du	10 A M
E		3 SI	X	4 RACE	S DATE OF BIRTH	6 AGE (In years last birthdoy)	IF UNDER YEAR IF UNDER 24 HRS. MONTH'S DAYS HOURS MIN.
_ <u>a</u>	TE E	70.7	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY? 8	MAROUTO TO WORK TO THE	9. COUNTY OF DEATH	
\$ 5.	Filled in papers hin 72 ha	cou	Eulemille O.	/ / 0	MARRIED MEVER MARRIED DIVORCED DIVORCED	Billimi	G · Md.
ifi	completely filled love carbon pap y event, within?	10. (TOWSON	11 NAME OF HOSPITAL OR INSTIT		AL OCCUPATION (Kind of work done nost of working life, Teyen if retired.)	12b XIND OF BUSINESS OR INDUSTRY
ed w	carbo ent, v	13c			CCITY OR TOWN 13d INSIDE CITY		
cecut	com nove ny ev		m.	13b COUNTY Balto Ce-	01700170	1865 Yuko	ra Rd.
be e)	and on Tin on	14	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME	7. Carroll	Lost
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within		WAS DECEASED EVER IN U.S. ARN es, no, or unknown) { ff yes give w	AED FORCES? For or dates of service) RED FORCES? FOR GRANGE 16b SOCIAL SECURITY NO. RED FORCES? RED FORCES? RED FORCES?	17. INFORMANT 890 ms Claude	L. Wyant Son	madhess
e e	Ing F The		1B. CAUSE OF DEATH (Enter onl PART DEATH WAS CAUSED	ly one couse per line far (a), (b), and (c).)	(1)	11-1	APPROXIMATE WTERVAL BETWEEN ONSET AND DEATH
deot	rmit, or			ITE CAUSE (0)	Lovan wille	certest	36600
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equir	signé signé burio burio		PART 2. OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
¥ × Z	ung een the or to	NOI	NO. DATE OF ORDER THOSE LINE	Deale	tes Meli I		
The lo	hos been se os the th prior to	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PERFO	RMED 20a. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
CIAN:	inficate in for u	MEDICAL CER	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Port 1 or Port 2,	Item 1B.)
PHYSI	by the hospital that this certificate be deteched to State Dept. of H	WE	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	(1) 21f. LOCATION Street or R F.D. No.	city or Town	County State
9 t	ter 1 te d tote		22a. L certify that (1) (the	s haspital) attended the deceased	frame ciprote 196	7, ta Jan 8, 19	65, that (I) (was last
TEND!	ovid b		saw the deceased al	live an 19 / , (I) ((6) (did) (did not) view the boo	్రామ్. and that in (my) (aడి) రంగ	inian death accurred an the do	ite and havr and from the
OR ATTENI	IRECT 3 Sh d with		22b. SIGNATURE	Fh Per	DEGREE PHYS	MED STAFF 222c	DATE SIGNED
O HOSPITAL	O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt		22d PHYSICIAN'S NAME (Type) JSS	EAH Fili PII	ZA MI 22e ADDRESS	Low Range Be	ord Bart Ly
HOS	FOR	230	BUR AL, CREMATION, 23b D	DATE 23c NAME OF CEN	ETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
٠ , ٢	T m	24	REMOVAL (Specify) FUNERAL DIRECTOR	11/68 ANTON	moter Complex	Mexamintin	Carrell med
	30M REV 1/68	£4.	L 2. Meses	a lare through	DATE DATE	SY REGISTRAR 2Sb REGISTRAR'S	2 A
V 6		تبحا	- PWISTON				460 11 515



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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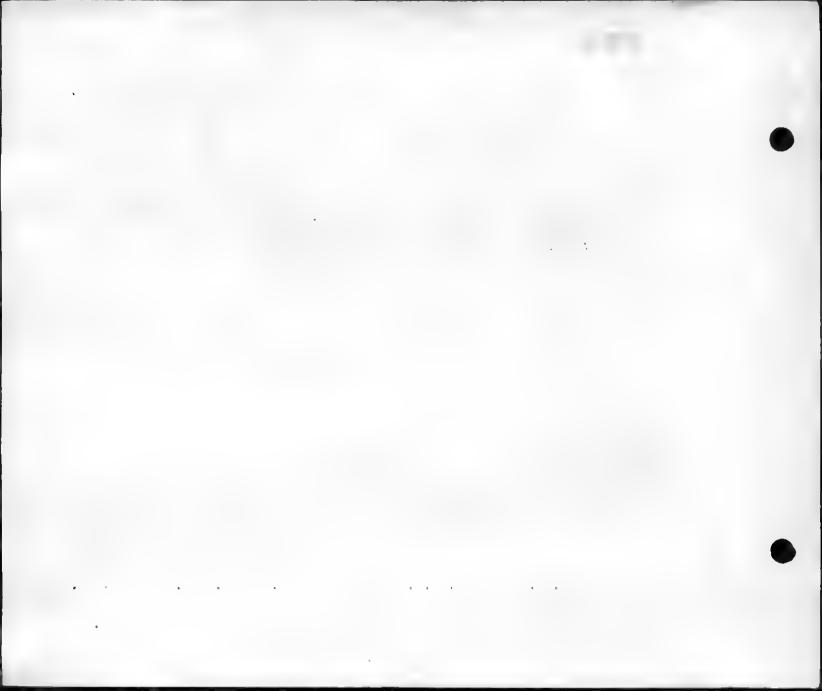
CERTIFICATE OF DEATH

00514

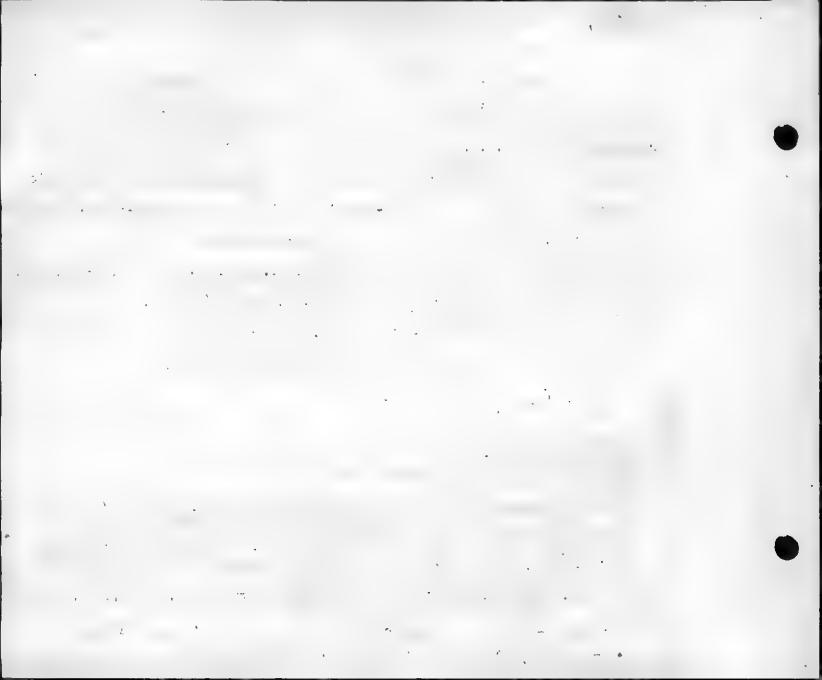
			CERTIFICATE	OI DEATH		() O () K X
	LACE OF DEATH					ion Residence before admission)
(. COUNTY 3	timore	MARYLAND	o. STATE	uland b. coul	MTY Jam / da
	CITY OR TOWN (If	outside carparate limits,	c LENGTH OF STAY IN 1b		<u>Disside carparate limits, write RUI</u>	PAL and nive nearest town)
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	Lows			lowson	<u> </u>	
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S. S		6. COLOR OR RACE 7. N		B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR IF UNDER 24
	tale	white w		Nov. 2, 187	Jost birthday)	Months Days Hours
100		Give kind of work done	10b KIND OF BUSINESS OR		& State, or foreign country)	12 CITIZEN OF WHAT
duri	ng most of working life	e even if retired) .	TNDUSTRY		& State, or roreign country)	COHNIBAS
		lun-ne'ined	Seif amployed	incland		Liber
15.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	yeorge P	axton		l'ary.	1-00-00-0	
15.	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give war ar dates of servi	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Addre	955
(18:	no oliknown (NO N.C.	158-26-4516	Family rec	monda	
T		TH (Enter only one cause per		1 wiletty reed		INTERVAL BETWEE
	PART I. DEATH	WAS CAUSED BY	ARTEROID SCLEROTT	C HEAR	T DISFAS	ONSET AND DEAT
	Conditions, if any, v	DUE TO	ENERALIZED AR	TERINSPI	ERECIS	
	rise to immediate	couse (n)	771-1-171-171-171-171-171-171-171-171-1	700000	7,000	
	stating the underly					
	last) (c) _				
2	PART II OTHER SIGN	IFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS ALTOPS' PERFORMED?
CERTIFICATION	1200					YES NO
푈	2Do ACCIDENT WAS U		20b DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part 1 or Part II of Item 18)	
81	OR CONTRIBUTING [CAUSE OF DEATH			·	
	20c TIME OF INJUR		2Dd, INJURY OCCURRED 2De PLA	CE OF INJURY (Hame, farr	n, 20f (City or town)	(County) (Stat
MEDICAL	Haur 'a.m.			tary, street, office bldg., etc.		(50011)
٦,	p.m.	19	at work 🔲 at work 🔲			
	21. I certify	that (I) (this hospital	ottended the deceased from 1	1005	1862 10 JAY 25	, 1968, that (I) (we
		eased alive on	19 <u>68</u> , and that	t death accurred of	M, from causes	ond on the date stated a
ĺ	220. SIGNATURE	14. 14.15	L ?	ATTENDING	MÉD. STAFF	22b DATE SIGNED
- 1	1.6	devinst	M.C	D PHYS	DIRECTOR PHYS	25JAN 68
	22c. PHYSICIAN'S	m o ca-a	3-4 36 73	22d. ADDRESS	enna. Ave., To	37.1
	NAME (Type)	T. C. Siwir	nski, M.D.	200 W. P	enna. Ave., To	wson, Ma.
23a.	BURIAL, CREMATION	23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or To	wn) (Caunty) (State
.,	REMOVA. (Specify)	1/25/68	Irospect ill		Towson	d (5.000
24	FUNERAL DIRECTOR	11/2)/03	ADDRESS			GISTRAR S SIGNATURE
29	-01 A		-			
	מנג חוי.טו	na Jana	lowso n.c.	DATEJA	N 2 9 1968 2	Charley Judgla

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur director, page 3 shauld be defached for use as the burial-transit permit. Then please remove carban papers. Pages I shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after **FID MOSFICIAL OR ATTENDING MHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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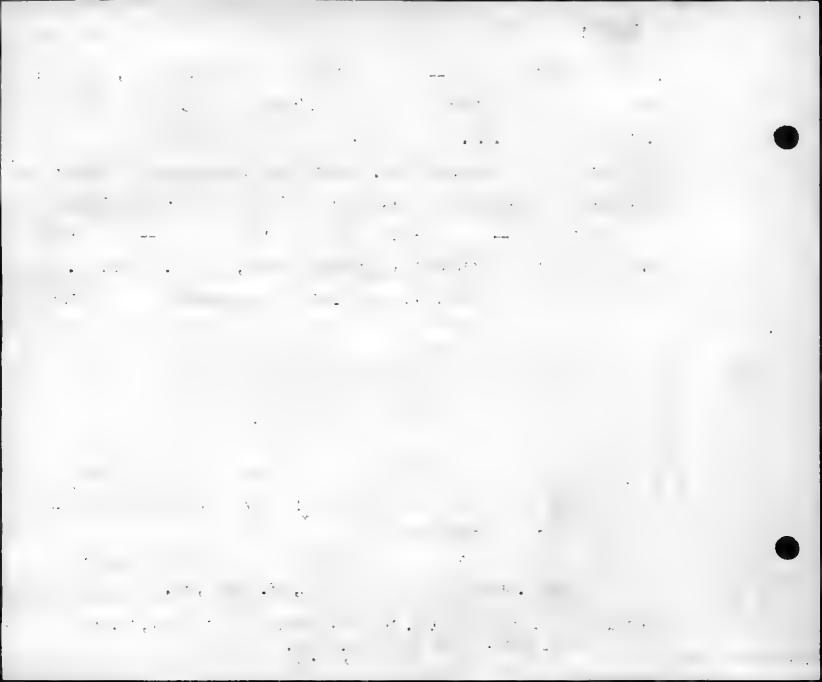


MARYLAND STATE DEPARTMENT OF HEALTH 00517 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00515 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR requires that the death certificate be executed within 24 havrs after death (Type or print) Month PAYNE January 8 4. RACE 6 AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER I YEAR Male September 20,1875 White physician and completely filled in by 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) WIDOWED X DIVORCED | Baltimore Maryland II.S.A ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12a USBAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during mast of wark ng life, even if retired.) give street address) IND JSTRY carban Chesapeake Manor Post Office Towson Supervisor 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before, 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 🕌 remove 3319 Echodale Ave Baltimore 14 FATHERS NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Lost Henry O. Payne Margaret Baldwin please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknawn) burial, crematian, or remaval, 512 Anneslie Rd. Balto signed by the attending burial-transit permit. Th 16. CAUSE OF DEATH (Enter only one cause per line for (a)/16), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Conditions, if only, which gove) rise to immediate cause (o). DUE TO, OR, AS A CONSEQUENCE stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRI UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been ‡ Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS YES 🖂 NO | O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. Ng. City or Tawn County State While Nat while of work at wark 22a. I certify that (I) (this hespital) attended the deceased from the saw the deceased alive on... Mediand that in (my) (por) apinion death accurred on the date and haur and from the be retained causes stated above, (1) (we) find) (did nat) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS DIRECTOR PHYS. 92d PHYSICIAN'S 22e. ADDRESS NAME (Type) Donald W. Mintger 3009 Evergreen Ave. director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 1-12-68 Baltimore, Maryland Parkwood 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE Mitchell-Wiedefeld Home, Inc. 6500 York Rd.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00513 00516CERTIFICATE OF DEATH Lost 20. DATE OF DEATH **DECEASED-NAME** First Middle 2b. HOUR requires that the death certificate be executed within 24 haurs after death eath. ond (Type or print) JANUARY y the lonero REED PEACE 1968 S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF UNDER 3 YEAR 1/6/95 MALE NEGRO 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED CAROLINA CAROLINA U.S.A. BALTIMORE WIDOWED AT DIVORCED | 1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 120 LSUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR signed by the attending physician and whiperary ADMIN. HOSPITAL FORT HOWARD 13a USUA, RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN event, 13d. INSIDE CITY LUMPES? 3e STREET AND NUMBER 2435 FRANCIS STREET YES X BALTIMORE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Last MERRITT TOM PEACE EDDIE 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no or unknown) 218 03 10 86 CLINICAL RECORDS, VAH, FT. HOWARD, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. ADENOCARCINOMA OF KIDNEY WITH METASTASIS 1 YOAR IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) d for use as the of Health priar to O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES [21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AY HOME, FARM, STREET, FACTORY) 21F LOCATION Street or R.F.D. No. City or Town County State While Not while at work 21 1960 1907 to JAN 220. I certify that the (this haspital) attended the deceased from saw the deceased place on JAN 21 1908 MOA , and that in (m) (our) opinion death occurred on the date and hour and from the sow the deceased alive on. director, page 3 shauld should be filed with the couses stated above (we) (did) (view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED DIRECTOR STAFF PHYS. 1/21/68 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) PETER V. JUVAN VAH. FT. HOWARD, MD. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, (County) (State) BALTO. NATIONAL CEMETERY BALTIMORE. MARYLAND REC'L BY REGISTRAR 1968 255 FUNERAL HOME 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

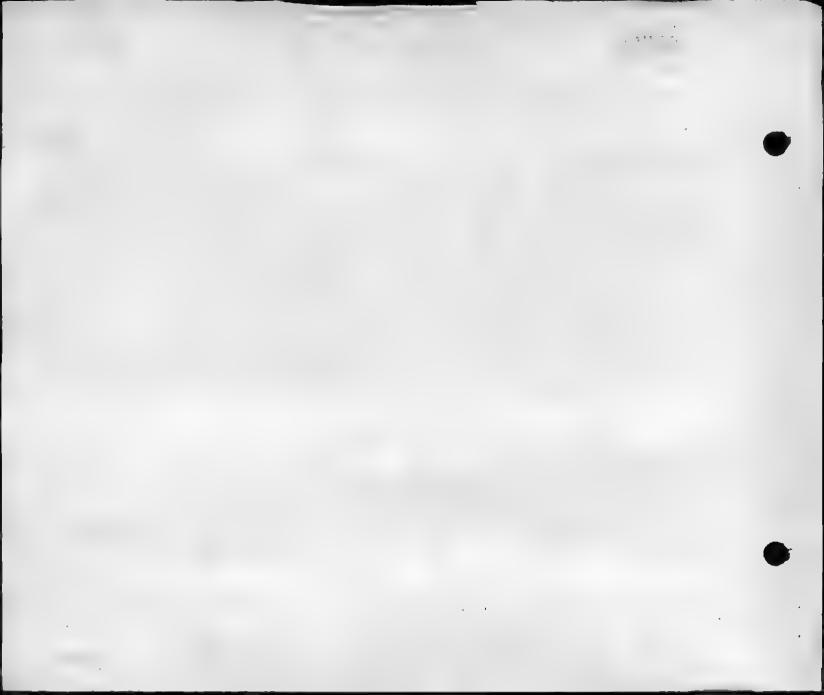


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yd r P s	7a B	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT	COUNTRY?	8. MARRIED [NEVER MARRIED	9. COUNTY	OF DEATH			
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thin the state of	10. C	ty or town of DEATH Catonsville	give stre	E OF HOSPITAL OR INST eet address) unit Nursi	II TOTI UN ÇIT DOT II	nospiroi 120 U	mast af warl	FION (Kind of work- king life, even if reti leral Gove	red) IND	KIND OF BUI	
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icate /sicio plea Il, on		WAS DECEASED EVER IN U.S. ARP os, no, or unknown) Ill yes give o	MED_FORCES?	6b. SOCIAL SECURITY NO				t City, Addr			
phy hen novg			lu ana cauca ner bac	220-44-35	69 Mrs	E. Clare	Biglink	sman Weste	archielar	APPROXIMATI	HNTERVA.
requires that the death certificate be executed within 24 haurs/after g physicion. signed by the ottending physician and completely filled in by the flue burial-transit permit. Then please remove carbon papers. Pages 1 o burial, crematian, or removal, and in any event, within 72 hours ofter		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY.	rar (a), (b), and (c).)	· and	ial on	herd.	(In)		BETWEEN ONSET	AND OFATH
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s law rendin s bee as th orror t	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	H OPERATION WAS PERI	FORMED	20a. AUTOPSY?		b. IF YES, WERE FIND	INGS CONSIDER	RED IN CERT	IFYING
X se satte	TIFIC					YES 🗀 NO		SUSES OF DEATH?			
IAN: Tal or ficate for us		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA		NJURY Manth Day Year	21c. HOW	INJURY OCCURRED (Er	nter nature af	injury in Part 1 ar P	art 2, Item 18	3.)	
SICL spite ertifi ed f	MEDICAL	(If either, natify medical exami	ner) P.M.	19	and the contraction	non c Dr.D.	N.	71 7			State
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NG the ter the cote		at wark at wark 22a, certify that (1) (th	is haspital) atten	ded /the deceases	from_AC	Dec 34, 19	62, to	128	, 19.63	, that (I) (we) los
OR ATTENDING De retained by If NIRECTOR: After e. 3 should be de		22a. I certify that (I) (the saw the deceosed of causes stated above	live on	/ 28 19	€8_, ond the	hot in (my) (our) o	pinion dea	ith occurred on t	he dote on	d hour on	d from the
Should the train of the train o		22b. SIGNATURE	s, (1) (we) (ala) (a	nonon view me b	NA D				22c DATE SI	IGNED _ /	· 0
may be retained by the hospital or attending RAL DIRECTOR. After this certificate hos been, page 3 should be detoched for use as the be filed with the Stote Dept. of Health prior to		Muye	uio 6	Genue	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS	1/0	28/	68
TAL May Page pege		22d. PHYSICIAN'S NAME (Type)	SENIÓ	FRE	U.TEZ	22e ADDRESS	5 1	1,1,062	mala	100	
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	91-	77	DATE	23c. NAME OF C	EMETERY OR CO	MATORY	224 100	CATION (City or Town	15	inty)	(State)
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VR A15 [4]	24.	FUNERAL DIRECTOR		ADDRESS	, -	772-0 250. REC'I		AR 25b. REGIS	TRAR'S SIGNAT		
30M REV 1/68	1	as on Tu	nesal;	Herrie-C.	alonsi	Lecle DATE	IAN 3 (J 1968 £	L Kesty	Ey June	



	A	MARYLAND STATE	DEPARTMENT OF	HEALTH	
	DIVISION OF STATISTICAL	RESEARCH AND RECOR	DS, 301 W. PRESTON	I STREET, BALTIMOI	RE 1, MARYLAND
	0520	em ld FCERTIFICA	TE-OF DEATH		00518
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5. WA	DECEASED EVER IN U.S. ARMED FORCES or unknown) (If yes give were or deles of servi-		Charit I	Address	_
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18.	CAUSE OF DEATH (Enter only one cau PART I. DEATH WAS CAUSED BY:	ise per line for (e), (b), end (c)]	1		INTERVAL BETWEEN ONSET AND DEATH
gav (a),	IMMEDIATE CAUSE (e)	ASGVD.	no moones		Imoth
20e OR (PART II OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N			IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
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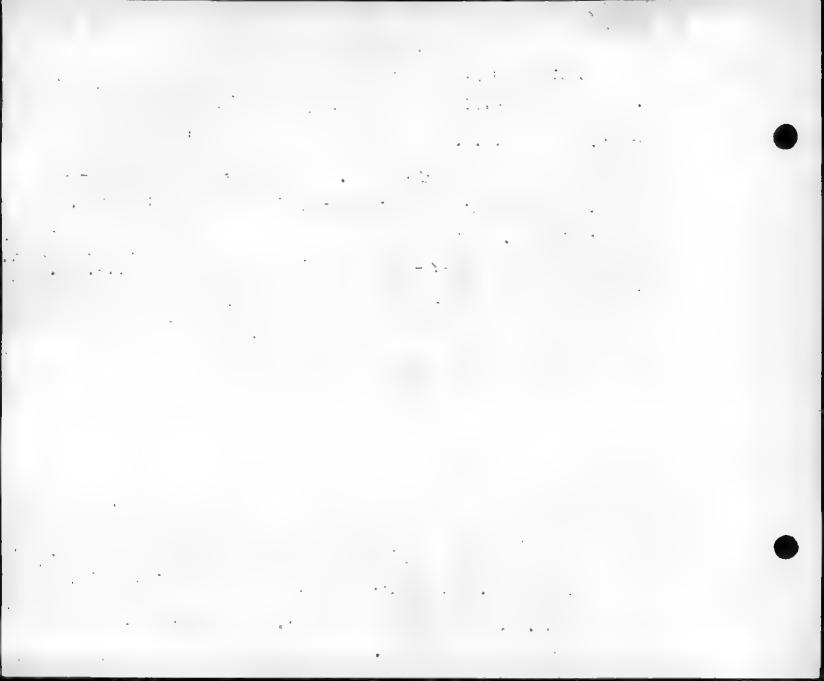
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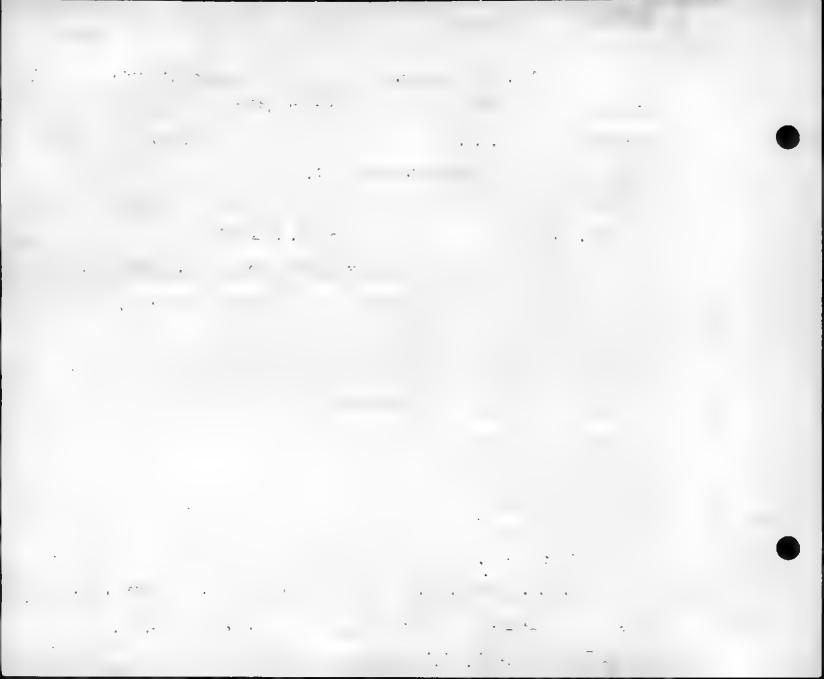
MARYLAND STATE DEPARTMENT OF HEALTH 00521 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00519 CERTIFICATE OF DEATH First Middle Lost 2a DATE OF DEATH DECEASED-NAME 2b. HOUR (Type or pnnt) Pfeffer Lottie Mav 4 RACE S. DATE OF BIRTH 6 AGE n years lost Girthday) 3 SEX MONTHS DAYS Female White burial, crematian, or removal, and in any event, within 72 hours af 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 8. MARRIED Maryland Baltimore U.S.A. WIDOWED X DIVORCED [the attending physician and completely filled sit permit. Then please remave carban pap 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired)
Housewife give street oddress) Reisterstown Reisterstown 9 Virginia Ave.

13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE GTY LIMITS? 13e STREET AND NUMBER odmiss on) STATE

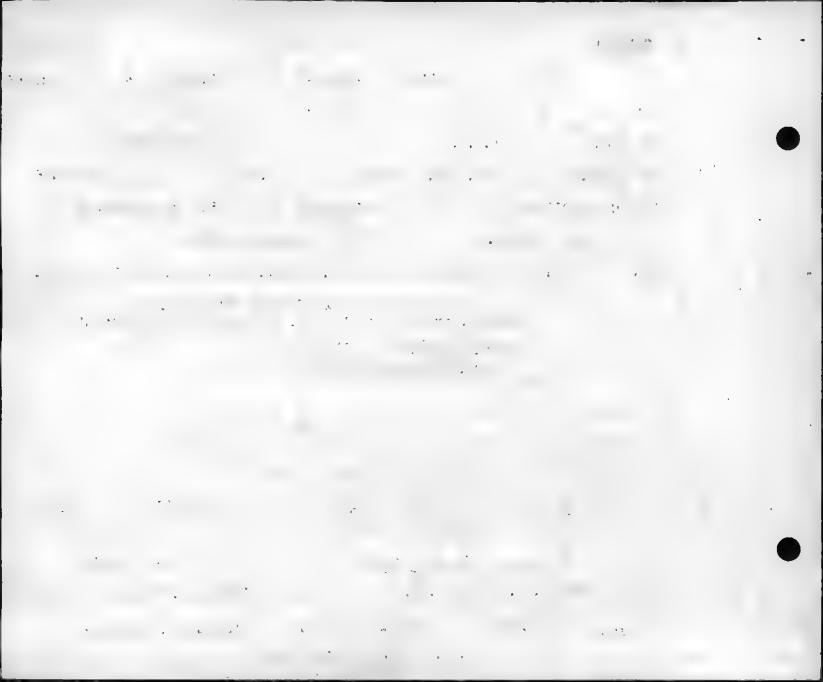
Mary land Reisterstown NO 9 Virginia Ave. 14 FATHER'S NAME Middle last IS MOTHER'S MAIDEN NAME First Middle Mary Elizabeth Hollenberry David Six Address 9 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Virginia Av. Yes, na. ar unknown) 215-05-4535D Charles David Pfeffer 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 но 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from Country 19, 1967, to Linuxy 17, 1968, that (I) (we) last saw the deceased alive an Language 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. O FUNERAL DIRECTOR: 22b SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE PHYS. 22d PHYSICIAN S 22e. ADDRESS NAME (Type) Clarence E. McWilliams 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVA (Specify) Baltimore, Maryland Jan. 19.1968 Lorraine Park Cem. ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Owings Mills, Md. 30M REV DATEJAN 2 2 1968 Milweller



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requires that the death certificate be executed within 24 hours after death physician. signed by the attending physician and completely filled in by therenged is burial-transit permit. Then please remave carban papers. Pages 1 and aburial, crematian, ar remaval, and in any event, within 72 hours after death	[[1	ype or print)	aul E. Phillips,	Sr.		January, 16, 196	8 Year 11:45AM
and the second	3 56		4. RACE		S. DATE OF BIRTH	1881 6 AGE (In years last bindsday)	IF UNDER 1 YEAR IF UNDER 24 HRS MIGHTHS DAYS HOURS MIN.
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physician and completely filled en please remave carban pape aval, and in any event, within 77.	10. 0	TY OR TOWN OF DEATH	11, NAME OF HOSPITA	OR INSTITUTION	(If not in hospital 12a US	UAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
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ATTE Stain Shau Th ti		22b SIGNATURE	/e, (I) (we) (did) (did not) view	w the body of	· · · · · · · · · · · · · · · · · · ·	226.	DATE SIGNED
DIRECTOR WITH THE PROPERTY OF		AH.	mula / Mi	1 C	DEGREE PHYS		-19-69
may be retained RAL DIRECTOR: A page 3 shauld be filed with the		22d. PHYSICIAN'S NAME (Type)	S.J. Venable. Jr	•	22e ADDRESS	York Rd. Baltimor	e Md
送 수 보 5 구	220				OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Page of Fundamental Adjust Adj	230.	REMOVAL (Specify) Burial		ruid Ri		Pikesville Md	
P P VRAIT	24.	FLINERAL DIRECTOR	A	DRESS	2Sa. REC D	DV DECICTOAD 266 DECICTOAD C	SIGNATURE PROPERTY
30M REV \\ d8		6500 York Rd	efeld Home, Inc.	21212	DATE	11 20 1000	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00521 1. DECEASED NAME First Middle 20. DATE OF DEATH 2b HOUR death. (Type or pont) Month ROSS FENTON PHILLIPS JANUARY 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years requires that the death certificate be executed within 24 hours after last birthday) 2/14/08 WHITTE MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | NEW YORK U.S.A. WIDOWED [DIVORCED K BALTIMORE COUNTY 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY FORT HOWARD RESTAURANT 130 USUAL RES DENCE (Where deceased lived if institution; Residence before 13c, CITY OR TOWN 13d INSIDE CITY ± MITS? 13e. STREET AND NUMBER odmission) STATE
DTSTRTCT WASHINGTON 526 let STREET, NW 14. FATHER S NAME First Last IS MOTHER'S MAIDEN NAME First FRED PHILLIPS ALLIE CARPENTER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) 552 38 19 01 CLIN RECORDS VA HOSP THAT HT HOWARD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE IMMEDIATE CAUSE (o) DESCRIPTION OF THE ART FAILURE, OLD MYOCARDIAL INFARCTION Conditions, if ony, which gave) **burial-transit** (b) PERTPHERAL VETN THROMBOSTS rise ta immediate couse (a). THE TRANSPORT OF THE PARTY OF THE stating the underlying cause (c) ACUTE GASTRIC DILATATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) this certificate has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES MX NO | 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED [Enter noture of injury in Port 1 or Port 2, Item 18.) the haspital OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) P.M. AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (** (this hospital) ottended the deceosed from 1/18/68 sow the deceosed alive on 1/24/68 19 and that in (m) O FUNERAL DIRECTOR: After and that in (my) (our) apinion death occurred on the date and hour and from the shauld be retained couses stated above, (4 (we) (did) (did sas) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. PHYS DIRECTOR 22e. ADDRESS NAME (Type) AHMED C. K. KUTTY. director, gashould be VAH FORT HOWARD, MARYLAND 23d LOCATION (City or Town) 23o. BUR:AL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) 1-29-68 BALTIMORE NATIONAL BALTIMORE MARYLAND 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATUR VR A15 (4) ~ 30M REV 1/68 WM. E. JOHNSON FUNERAL HOME! 8521 LOCH RAVEN BLVD. BALTIMORE, MD.



_			D STATE DEPARTMENT		
1	00524	DIVISION OF VITAL RECORDS,	•		
N 15-5-			CERTIFICATE OF DEA		00522
看() 14	1 DECEASED-NAME First (Type or print)	Middle	Lost	2a. DATE OF DEATH Month	Day Year 25 HOUR
uneral deat	3. SEX	ARRY EDWARD	PRESTI	JANUARY 21	1968 5:45
after death			S. DATE OF BIRTH	6 AGE (In years last birthday)	MONTHS DAYS HOURS MIN
Pogo SP	MALE	WHITE	APRIL 12		YRS.
عَلَى حَالَمَ الْمُ	70 BIRTHPLACE (State or foreign country)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED		
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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours be retained by the haspitol or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the e.3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Paged with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 hours.	10, CITY OR TOWN OF DEATH	give street oddress)	duri	USUAL OCCUPATION (Kind of work d ing most of working life, even if retire	ed) INDUSTRY
wit rely wit	TOWSON, MD.	give street oddress JOSEPH		Kot TISSI. JUD	N WCCORWICK & C
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tten tten as k os prié	E 170. DATE OF OPERATION 176.	CONDITION FOR WHICH OFERALION WAS FE		CAUSES OF DEATH?	IGS CONSIDERED IN CERTIFYING
or o or o te h te h use ooth	190. DATE OF OPERATION 19b.	IG 21b. TIME OF INJURY		(Enter nature of injury in Part ! or Par	3 0 feet 10 l
IAN firm firm for the		H HOUR A.M. Month Day Year	ZIC. HOW INJUST OCCURRED	fenter nature or militaly in hour i or hai	T Z, ITEM 18.)
SSIC Spill S	OR CONTRIBUTING CAUSE OF DEA' (If either, natify medical exami	PLACE OF INJURY (AT HOME, FARM, STREET, FA		D. Na City ar Town	Caunty State
PH)	While Nat while at work	OFFICE BUILDING, ETC.	Zii. LOCATION Street of K.F.	D. NO CITY OF TOWN	radusk 2idie
inG PHYSICIAL by the hospitol ffer this certifice be detoched for	22a Leartify that (1) (th	is haspital) attended the decease	d from January 20	10 68 tolanuary 21	10 68 that (1) (-Ye) Inc.
Affr Affr Stee Stee	saw the deceased a	live on January 27 e, (I) (we) (did) (making View the	968, and that in (my) (500) apinian death accurred an th	e date and have and from th
OR:		e, (I) (wh) (did) (marker) hiew the	oady after death.		
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rtal may Ral (r, pog	22d PHYSICIAN S NAME (Types T.S.M.	AEL JAMORA, M.D.	22e. ADDRESS 7620 Y	ORK ROAD TOWSON,	MD. #21204
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Poge O FUN direct	230. BURIA. REMATION, 23b. REMOVAL (Specify)	4 4 4	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5	24. FUNERAL DIRECTOR	1/24/68. Park	wood (emetery		
VR A1 1 (4) 30M REV. 168	1 100				RARS SIGNATURE Judge
25.1.	Leonard J. Ru	CK, FILE. DUCCO II	CLO ZIZI4 DATE	JAN 2 2 1968 F	00



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after de 18 Give 1 alang w	2 with the death.	130 USUA admiss	L RESIDENCE (V	Yhere deceosi	ed lived, if insti		nce before 13c	CITY OR TOWN	3d INSEDE CITY	UM TS? 13	STREET AND NU	MBER		
t hours Item 1 Office	l and 2 after	14 FATHER	'S NAME	First U	M dd NKNOWN		Losi	15 MOTHER	S MA DEN NAME			liddle	THE C	Lost
within 24 pencil in xaminer's	pages 2 hours		ECEASED EVER IN , ar unknown)		var or dates of service		SECURITY NO.	17. INFORMANT		ciáil le	ADDR		ford	Ave.2120
-0 .5 111	ansit permit file event within 72			TH (Enter anl	y ane cause per	line tor (a), (b		(8-4		7,700		APPE	ROX MATE INTERVAL EN ONSET AND DEATH
d be execute d "pending" Chief Medical	burial-transit permit I in any event withi	u2.6	ditions, if any," ta immediate	cause (a) ((b)	IR AS A CONSE								
This certificate shauld cate, writing the word be farwarded to the Ch	burral-tro	last.)	(c)	OR AS A CONSE		Tro to the wrong						
certificate writing t rwarded	d be used as a bun ar remaval, and in	****	DATE OF OPERA		HONZ CONTRIBE		ION FOR WHIST	TED TO THE TERMI	NAL DISEASE OK	CONDITION G	EVEN IN PART I(0)		20 6	LJTOPSY?
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EXAMINER: cute the certi age 4 shauld		WI	IN. JRY OCCURR HILE MOT WH YORK AF WO	ite fac	EACE OF INJURY Lary, office build	ing, etc.)	, , , , , , , , , , , , , , , , , , , ,		Street or R.F.D. No		City or Town		County	State
CAL exe	RECTOR: F to burial,		22a. I cert death result				described a Accident	bave, held an], Suicide [- ,		ction , li Undetermined	nquiry 💽 manner	ond	I in my ap nian
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To l	2 P P		IAL CREMATION OVAL (Spor fy)	23b		23 ε	NAME OF CEMI	TERY OR CREMATO	RY	23d. ⊾O	CATION (Cly or To	own)	(County)	(Stote)
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20. DATE OF DEATH

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IF UNDER 1 YEAR

INDUSTRY

DAYS HOURS

12b KIND OF BUSINESS OR

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(County)

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BETWEEN ONSET AND DEA

MONTHS

DECEASED-NAME

(Type or print)

6 AGE (In years last birthday) 3 SEX 4 RACE S. DATE OF BIRTH 7c. BIRTHPLACE (Stote or foreign 7b. CIT!ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED PREVER MARRIED OLAND WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.) ESSEX 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY LIMITS? odmission) STATE 13b COUNTY EASTERN E.SSEX 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Last Middle 16b SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ag, or unknown) [If yes give war or dates of service) SOPHI 092749 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) nse ta immediate cause (o). DUE TO. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19o DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206, IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🔲 216. ACCIDENT WAS LINDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Not while at work of work 22o. I certify that (I) (this haspital) attended the deceased from the saw the deceased alive on 19 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE **ATTENDING** PHYS DIRECTOR PHYSIGAN'S 22e. ADDRESS 22d NAME (Type) 23d. LOCATION (City or Town) 230. BURIAL CREMATION 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY SACRED HEART 24. FUNERAL DIRECTOR 25a. REC.D. BY REGISTRAR VR A15 (4)

2b. HOUR

IF UNDER 24 HRS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00527 00525 CERTIFICATE OF DEATH 2b. HOURPM Middle Last 20 DATE OF DEATH DECEASED NAME First (Type or print) (NMN) PULVERENTE DOMENICA 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 6. AGE (In years last birthday) 93 8/31/74 FEMALE: CAU and in any event, within 72 hours 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country) WIDOWED IX DIVORCED [ITALYBALTIMORE pape law requires that the death certificate be executed within 24 the ottending physicion ond completely filled sit permit. Then please remove corbon pap 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most af warking life, even if retired.) INDUSTRY BALTIMORE LISC CITY OR TOWN ER 130. INSIDE CITY EMPTS? 130. STREET AND NUMBER HO AE 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE 13b. COUNTY MARYTAND 2701 LOBERTY HEIGHTS Middle 14. FATHER'S NAME S. MOTHER'S MAIDEN NAME First First Last SCIUTO KNOHLIG (NMN) SCIUTO AGATHA (NMN) 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, na, ar unknown) (If yes give wor or dates of service) 212-14-304 APPROXIMATE INTERVAC 18. CAUSE OF DEATH (Enter only one couse per_line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) buriol-transit rise to immediate couse (a) signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been for use os the 19a. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street of R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram-19 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive on-O HOSPITAL OR ATTEND Page 4 moy be retained causes stated abave, (I) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, 230. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (Stote) (County) LORRAINC Armacost 4600 Liberty Hghts. Ave DATECAN

. V 5 W . -----. • , al *** • • 1 1 . J . . . 1.1 P.M3

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with for 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State

Beolth prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages

CAL EXAMINER:

ro DEPUTY

Th's certificate should be executed within 24 hours after death

00528

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00526

			- 1	MEDIC	AL EXAM	INEK 2 C	CKHI	ICAIL	וע זע	CALI				() (24745	
(ECEASED-NAME Type or Print)	Fir Ray	st		Middl I			YĽES			OF DEATH	KNOWN STI- ESTI- MATED	1	Day 2	Yeor 19 68	26 HOUR 8 A _M
	Male	White	S DA	TE OF BIRY	7 	6. AGE (In years less burthday) 60 YR	MONTHS	DER I VEAR DAYS	HOURS	24 HRS	2c. DATE I Manti	PRONOUNCEI h 1	Dead Doy 2	Year	68	2d HOUR M
	BIRTHPLACE (Stote of the barry) to Vir		76 CITIZ	EN OF WHA USA	T COUNTRY?		ARRIED ()	NEVER MA	RRIED 🔲	9 (0)	Balti					Md
10. (S	or or town oparrous	Point		Be th	ME OF HOSPITAL	or institution	N (If not	in hospitol	12o. l during	most o Mac	CCUPATION of working I chinis	(Kind of wo	retired)	125 KIND INDUSTRY	o of BUSH	
130	USJAL RESIDEN dmission) STAFE	CE (Where dece	ad lived	OUNTY B	on Residence	e, Spar	Y OR TOW	Pt	YES 1			352,		10	212	19
	ATHER S NAME	First		Middle		Last	15 MO	THER'S MAI	DEN NAME	First		Mi	ddle		Last	
	aleb	/ER IN J S ARMED	EOD/ESS	P.	Pyles 16b SOCIAL SECU	IN CHANTINI	17 INFOR	MANT (T		arth	18	40000	r. C. a.	rrows	oles	
	es no, or unknow	AU) (14 Anz du	re war er date:	of service)	213-07-	8712				Pvle	a. Bo	× 352			7 Pu.	Md.
	Conditions, if a rise to immed storing the un last.	3	DI	(b) JE TO, OR	Acute C AS A CONSEQUE AS A CONSEQUE HG TO DEATH BL	NCE OF				CONDITIO	ON GIVEN IN	I PART I(a)				
CERTIFICAT ON	190 DATE OF C				196 CONDITION WAS PERFO		PERATION								AUTOPSY?	? NO 24
MEDICAL CER	CAUSE OF DEAT	R CONTRIBUTING H CURRED 21e	PLACE OF	HOUR A N	l. t hame, farm, s	19			CURRED (Er			in Part 1 o	r Part 2, I	(County		State
		TION, 23E	Not	atter	es A, Ac	cident [],	Suikid	CHI M.D. ASS DEP ADD MATORY	Hamicic EF MEDICAL ISTANT MEDICAL PUTY MEDICAL DRESS (Stree	DE	AMINER AM	X, Indermined	226. DATE 1-	E SIGNED 2-68 21222 (County))(Sh	y opinion ote)
²⁴	Chin Joired	nda, 79	22 W	ise A	ve. Du	dalk,	Md.		2Sa REC			25b RE		SIGNATURI		

VR ATSME

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

00529

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00527

	(FASED-NAME (pe or print)	First H	ERMAN	Middle RXX	RADTKE	Last		20. DATE OF DEATH M	onth JAN.	y 11. Yeor		HOUR
3. SEX	MALE	4. R	WHITE		S.	7-2	3-1872	6. AG last	E (In yeors birthdoy) 95 YRS	IF JADER 1 YEA		R 24 HRS
coun	IRTHPLACE (Stote or foreignes) Germany	·	TIZEN OF WHAT		8. MARRIED WIDOWED	DIVOR	(ED)		BALT I M			Md.
0. CI	TY OR TOWN OF DEATH HALETHORP	E		OF HOSPITAL OR INS 1, odd(pss) 4411 RI	DGE AVE	•	during most	OCCUPATION (Kind t of working life, ev Retired	en if retired)		OF BUSINES Y	SS OR
	USUAL RESIDENCE (Where ision) STATE MD			Residence before BALTO.	13c CITY OR TO HALETH		13d. INSIDE CITY LIMIT YES NO		RIDGE	AVE.	2122	27
14. F.	ATHERS NAME First		Middle Radtk	Lost Le	15. /	MOTHER'S MA	August		Middle e		Lost	
	WAS DECEASED EVER IN U es, no, or unknown) (ff	S. ARMED FOI yes give war or date	(common be or	6. SOCIAL SECURITY N .61–10–604		ormant s. Hi	lda M.	Schwartz,	Address 4411			
	18. CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY. MMED!ATE CAU	ISE (o) Car	for (a), (b), and (c)) rcinoma CONSEQUENCE OF	sophagu	is				BETWE	POXIMATE INTE	DEATH
	Conditions, if ony, which rise to immediate caus stating the underlying last	gove) e (o),((b)	CONSEQUENCE OF								
	PART 2 OTHER SIGNIFICA			g to DEATH BUT NO		HE TERMINA	L DISEASE OR COI	NDITION GIVEN IN PA	RT 1(o)			
CERTIFICATION	190. DATE OF OPERATION			OPERATION WAS PER		20o. AUTO	PSY?	20b IF YES, W	/ERE FINDINGS ATH?	CONSIDERED I	N CERTIFYIN	NG
N	21o. ACCIDENT WAS UND OR CONTRIBUTING CAUS (If either, notify medical	E OF DEATH exominer)	P.M.	Month Day Year 19		INJURY OCC	URRED (Enter r	noture of injury in P	ort 1 or Port 2	, Item 18.)		
	21d iN.JRY OCCURRED While Not while at work of work			HOME, FARM, STREET, FAC FICE BUILDING, ETC			t or R.F.D. No.	City or Tov		County		Stote
		(I) (this has sed alive a abave, (I) (pital) attend n Januar we) (did) (di	ded the decease ry 6. 19 d nat) view the b	d from_ 9_68, and oady after de	plus that in (m ath.	yearls y) (aur) apini	, ta ian death accurr				we) last ram the
	22b. SICNATURE	المد	<u>U. 1</u>	Sertler	M. D DEGREE	F4173		D. STAF		. DATE SIGNED		1968
	22d. PHYSICIAN'S NAME (Type)	FREDER	CICK B	EITLER		22e. ADD	1014	FRANCIS A				
	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-15	-68	23c NAME OF Greenmo				23d. LOCATION (Cir. Philadel)	ohia, I		Stot) L vani á	,
24. Ho	funeral director oward H. Hul	bard,	4107 W	ADDRESS ilkens Av	e. 212	29	DATE JAN	1 5 1968	Sb. REGISTRAR	'S SIGNATURE	Marge	

VR A15 (4) 30M REV, 1/68



	0053	30	DIAISION OF	THAL RECORDS,		ICATE OF		more,	MARILAND 21	201	0052	28
	CEASED-NAME ype ar print)	JOHN First		Middle H •		RALEY		2a. DA1	TE OF DEATH Month	Doy	L Yeor 68	2b. HOUR
3. SE	Male		4. RACE	hite		S. DATE OF E	ry 13,	1888	6 AGE (In yellost birthda	1013	UNDER I YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
10. C	Mary OR TOWN O Caton	rland F DEATH SVille	give : Sh		WIDOWE มีเป็นโดก (I ursi	f not in hospital	RCED 120 USUAL	Ba L OCCUPA st of wor tire	Y OF DEATH 1timore TION (Kind of world king life, even if rect) Control Se STREET AND NUM	tired)	126 KIND OF INDUSTRY	Md BUSINESS OR
odmi	ssian) STATE	Maryla:	13b. COUNTY	- V	1	ltimore	YES NO		200 Mall	ow Hi	11 Roa	
14. F	ATHER'S NAME	First	Mrddle	Lost		IS. MOTHER'S N	AIDEN NAME FI	rst	M	ıddle		Last
		Dominic		Raley			ry		A		Tar	lton
16o. Y	WAS DECEASED es. no. or unknov	EVER IN U.S. ARA	NED FORCES? Far or dates of service)	16b. SOCIAL SECURITY		7. INFORMANT				dress		
	No -	"		216-14-13	05	Mrs. Et	hel R.	Kop.	litz, 460	3 Wil		ve.
	IB. CAUSE OF PART 1. DI	eath was causei	ly one couse per li DBY: NTE CAUSE (a)	ne for (a), (b), and (c)	}						BETWEEN OF	NSET AND DEATH
	rise la Immed	iny, which gove lote cause (a), iderlying cause	(b)	AS A CONSEQUENCE OF	Ce	relna	e art	rio.	sclere:	85	and	bucur
CERTIFICATION	PART 2 OTHER 190. DATE OF OR	-		ITING TO DEATH BUT NO		TO THE TERMIN		12	Ob. IF YES, WERE FIN		SIDERED IN CE	ERTIFYING
TFE						YES [NO []	/	AUSES OF DEATH?			
MEDICAL CER	OR CONTRIBUTION	WAS UNDERLYING CAUSE OF DEAT y medical exami	HOUR A.M.			HOW INJURY O	CURRED (Enter	nature a	f injury in Port 1 ar	Part 2, Iter	m 1B.)	
ME	21d. INJURY O While Nat	COURPED 21a	PLACE OF INJURY	(AT NOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY) 21f	LOCATION Stre	et ar R F.D No.		City or Town		Caunty	State
	22o. I certi sow th causes	fy that (I) (the e deceased a stated above	is_bespital) att live on e, (I) (M) (did)	ended the decease (did not) view the	ed from 9 <u>657,</u> body aft	and that in (r er death.	, 19_ <u>(</u> ny) (sur) opir	c⊆, to niop de	ath occurred on	, 19 <u></u> the dote	ond hour	(!) (we) last ond from the
ŀ	22b SIGNATURI	- Unnes	mola	۸	D	EGREE PHYS	LE DI	ED RECTOR	STAFF PHYS.		TE SIGNED 1-2-19	68
,	22d PHYSICIAN NAME (Ty		James J	. Nolan		228 AU		1a11	ow Hill R	oad,	Balto.	, Md.
230.	BURIAL, CREMA REMOVALISMO BURLAT		DATE 1-5-1968			or crematory National		ry	CATION (City or Tov Baltim	ore,	_	(Stote) and
	FUNERAL DIRECT		d. 4107	ADDRESS Wilkens Av	renue	2122	2So RECD BY	Y REGISTR	25b. REG	ISTRAR S SI	GNATURE	de la

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00532

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00529 CERTIFICATE OF DEATH

-/1											•						
4		CEASED-NAME	First			Middle		Lo	ost		20.	DATE OF				2b	HOUR
١	(T)	ype or print)	Grace		Thom	oson		Reed	l			Ja	Month and	8 Doy	1968	11	:55M
N	3. SE2	X		4. RACE				5. DAT	TE OF BI	RTH			6 AGE (In	yeors	IF UNDER 1 YEAR	-	R 24 HRS
		Female			White			10	-11-	-1892			Jost birth	doy) YRS.	MONTHS OAYS	HOURS	MiN
4		IRTHPLACE (Stote of	r foreign 7	b. CITIZEN	OF WHAT COL	JNTRY?	8. MARRIE	D 🔲 NEV	VER MAR	RIED	9. CO I	UNTY OF	DEATH				
		wburg			.A.		WIDOWE	D 🔀	DIVOR	CED 🔲		Balt					Md.
	10 CI	ITY OR TOWN OF D	EATH		11. NAME OF	HOSPITAL OR INS	NOITUTIT	If not in ho	ospitol				(Kind of w		12b KIND OI INDUSTRY	BUSINE	SS OR
	L	uthervil	le		give street or	dress)Coll	ege N	lanor	•	auring	Hou	seWl:	ile, even if f e	retired	INDUSTRY		
	130	USUAL RESIDENCE (Where deceased	lived, if it	stitution: Res	sidence before				13d INSIGE CIT			EET AND N				
)	oamis	ssion) STATE Md	•	130, 000	Ball	to.	Balt	imor	e e	YES 🔀	NO 🗌	9	Engl	ewood	Rd.		
,	14 E	ATHER'S NAME	First	Mid	ldle	Lost		IS. MOTH	HER'S MA	IDEN NAME	First	1		Middle		, 1	
rulla.1		De	witt		T	nompson				Max	rgar	et			Schof	Leld	
	160	WAS DECEASED EV	ER IN U.S. ARMEI	FORCES?	IAL SO	OCIAL SECURITY	F-2-41	7. INFORM	IANT					Address			
	11	es no, or unknown)	(it has died wett	OF SUPPLIES SPEED SHEET	文化	ocial security a 6-12-6	711	Mrs	. R	odney	Bro	oks	6011	Holl:	ins Rd.	•	
		18. CAUSE OF DE	ATH (Enter only	one couse									-		APPROX	ONSET AND	RVAL
		PART I. DEAT	H WAS CAUSED	BY:	,	BRONC	MARN	FUME	ONIC	1 1	EE	- 1	Inter		24		
		475 >	(IMMEDIATE			NSEQUENCE OF	-1-0-2			,		7 - 1	د البيادات الماس				
		Conditions, if ony	, which gove)			HISEQUENCE OF											
		rise to immediat			OP AS A CO	NSEQUENCE OF											
		stoting the under		(0		insequence of											
		PART 2. OTHER SI	* *			D DEATH BUT NO	T RELATED	TO THE T	TERMINA	DISEASE O	OR CONDIT	ION GIVEN	IN PART 7	(o)			
	22	Tract 21 Ottler 51				PENERA											
	CERTIFICATION	190. DATE OF OPER	ATION 19b. CC	NDITION FO	OR WHICH OPE	RATION WAS PER	REORMED	20	o. AUTO	PSY?					ONSIDERED IN C	ERTIFYII	NG
the.	73F1C								YES 🔲	NOJ	X	CAUSES	OF DEATH?		and the same of th		
		21o. ACCIDENT W			ME OF INJUR		21c.	HOW INJ	IURY OCC	URRED (Er	nter notu	re of Injur	y in Port 1	or Port 2, I	tem 18)		
	2	OR CONTRIBUTING			A.M Mon	th Doy Year											
	岩	21d INJURY OCCU	RRED 21e. P	ACE OF IN.	URY (AT HOM	E FARM, STREET, FAC	TORY.) 21f.	LOCATION	N Stree	t or R.F.D.	No.	City	or Town		County		Stote
		of work of wo	rk -	***************************************		· ·							-		,		
		22a certify	that (I) (this	haspital) attended	the decease	d from	14/1/1	RCN	, 19	64.	ta_ <i>1</i> 2	4N 8	, 19,	රින් , tha	f (I) f	yw) last
		saw the	deceased aliv	/e an 🗈	JAN_	8	9 <u>68</u> .ı	and thai	t in (m	y) (our) c	pinian	death a	ccurred o	in the da	te and havr	and fr	ram the
			ated above,	(i) [ane],	(ala n	at) view the l	οσαγ απο	er aeain.	١,					1 00 . 0	NATE CICHER		
		22b. SIGNATURE	10 -	W	12.5	M.	7) N	CODER !	ATTENDI	IG 💢	MED		STAFF		DATE SIGNED	10/1	/
	Н	22d. PHYSICHAN'S	Jun 1	4 - (LEGIS	1-61	D, U		PHYS 22e. ADD		DIRECTO)K	PHYS	- V/;	1. 9, 1	760)
Î		NAME (Type)	TOHN M	Sa	77			2	600	W. BE	LVES	SEE.	AVE.	BALT	TMORE	2,	1210
	23o	BUR AL, CREMAT O				23c NAME OF C	EMETERY								(County)		
	E.	REMOVAL (Specify)			3	Lorra					-50		timo		(,)		đ.
		FUNERAL DIRECTOR		1-01	4	ADDRESS	THE	LH L	K	25o. REC'I	D BY REG			EGISTRAR'S	SIGNATURE	1010	
		.W.Jenk		Sons	s Co.J	1905 V	orde	Rd	Ro							2-1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 llaurs after death. to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages and shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

VR AT

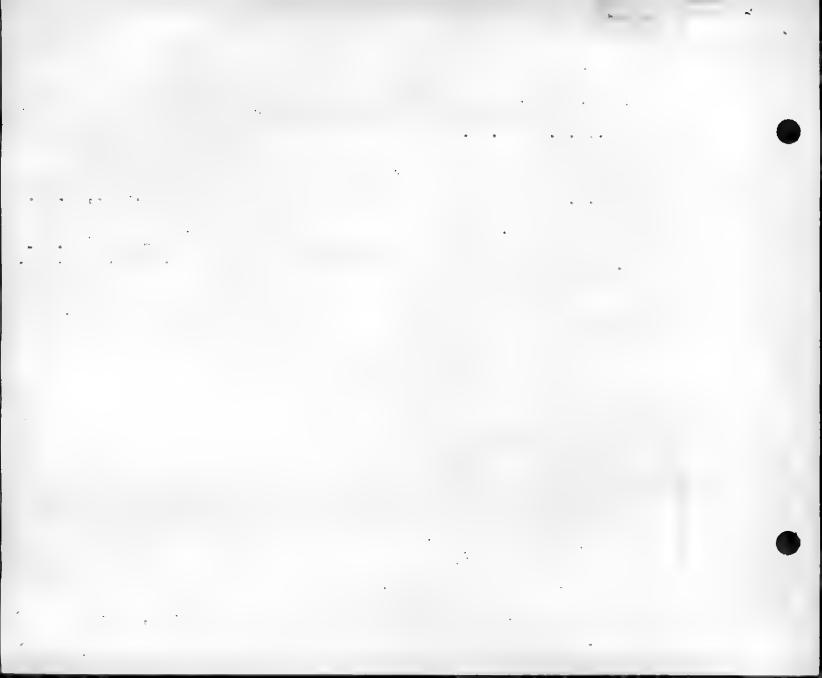
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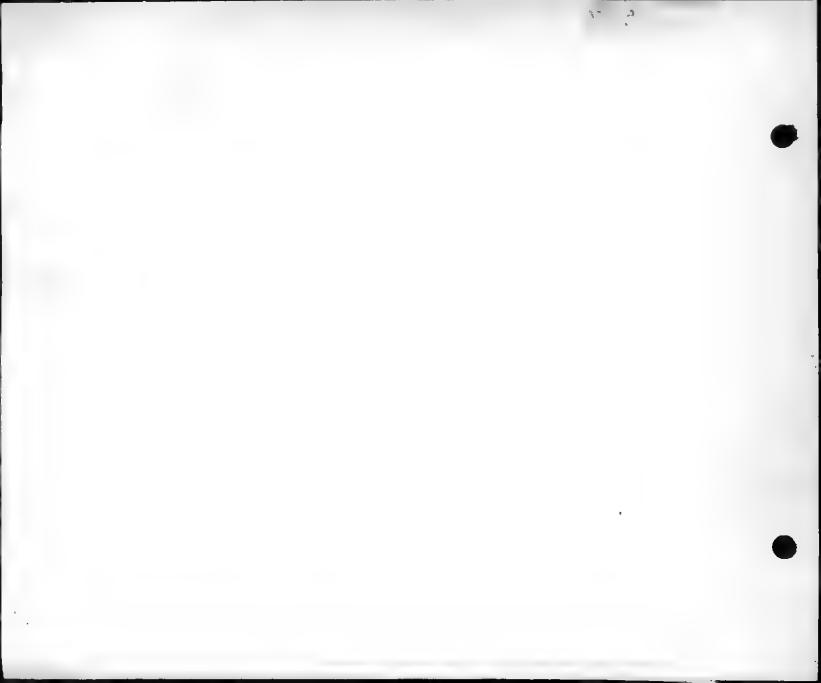


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00530MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1 DECEASED-NAME 20 DATE KNOWN Month Year 1-12b HOUR (Type or Print) ESTI-DEATH MATED A AGE (In years IF UNDER 24 HRS 3 SEX 2c DATE PRONOUNCED DEAD HOUR Yeor 7a B.RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Wash., D.C. U. S. BALTIMORE WIDOWED Give Pages 10. CITY OR TOWN OF DEATH with 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give_street oddgess) during most of working life, eyen if retired) INDUSTRY White Marsh land 2 with the Carrington Unemployed 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 23c CITY OR TOWN 13d INSIDE CITY JIMITS? 13e STREET AND NUMBER odm ssion) STATE Washington 13b. COUNTY YES 5 NO 🗀 4701 Conn. Ave., N. after in Item 14 FATHER S NAME 15. MOTHER'S MAIDEN NAME Alice Alderman Frederick W. Reeves pages haurs 400ks-30th Ave. N. Dister 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT pence (Yes, no, or unknown) St. Petersburg, Fla. Mildred Sherman Unknown File APPROXIMATE INTERVAL Ξ within IB. CAUSE OF DEATH (Enter only one couse per line far (o), (b) and (c) permit. PART I. DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE_OF Conditions, if any, which gove arus rise to immediate couse (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Ç3 removal, 19b. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 ALTOPSY? CERTIFICAT WAS PERFORMED? YES 🔲 NO DE e e 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 3 shauld MEDICAL HOUR A.M PRIMARY OR CONTRIBUTING PM. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) NOT WHILE I AT WORK ___ AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection Inquiry 2 and in my apinian death resulted from. Notural causes Accident . Suicide 🗌 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL I ASSISTANT MEDICAL EXAMINER funeral SIGNATURE. O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) -7 the 230 BUR AL, CREMAT ON. 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 1-15-68 Cedar Hill Crematory Cremation Suitland, Maryland 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland 2So. REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR ATSME DATE 10M REV

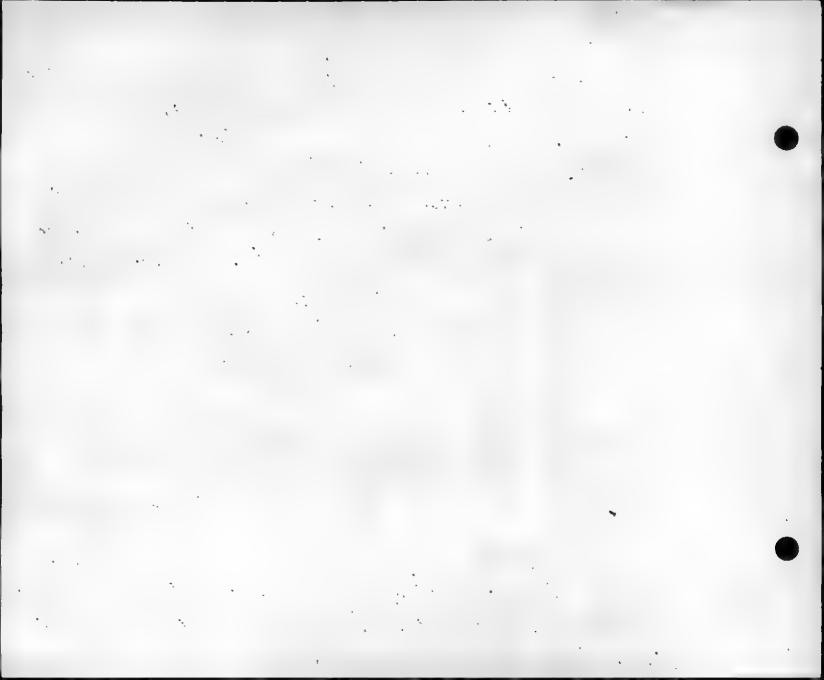
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND S	TATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00504
LEK	HIFICALE OF DEALD	00531
AME OF DECEASED	2. DATE AND HOUR OF DEATH	. 00
TOUISE A. KEGAN	1/24/68	1 6 M.
S PACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased I ved. finstitution; res	dence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	md. BAITIMORE	
HOSPITAL OR ADDRESS OF LOCATION	C. CITY OR TOWN D. INSIDE CITY LIM	AITŠ?
A INSTITUTION CRAPTH	BAITIMORE YES	NO T
TE BOT MEDWICK GARTH	E. STREET AND NUMBER	
記	207 MEDWKK GARTH	/
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years . If Under	1 Yr. If Under 24 Hrs.
P = In which is a second	lost birthday) Manths C	Days Hours Min.
WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (Stote or fareign country) 12, CITIZE	N OF WHAT COUNTRY?
done during most of working life, even if refired		
Secretary Monastary Churce	y md,	15A.
D 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
The part of the pa	CECIALIA SHAW	
D 2 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL		ADDRESS
16. SOCIAL SECURITY NO. 18. CAUSE OF DEAT	1	CORNIT
de d		MEdwick
CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(1)	2
LEADING TO DEATH		
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc. II means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF.	7
LEADING TO DEATH (A) IMMEDIATE CAL (A) IMMEDIATE CAL (A) IMMEDIATE CAL (B) LEADING TO DEATH (A) IMMEDIATE CAL (A) IMMEDIATE CAL (B) (B) (B) (B) (B) (C) (C) (C)	Karelney	9
ANTECEDENT CAUSES (B) DUE TO, OR AS	Census !	
DISEASES OR CONDITIONS, If any, giving DUE TO, OR AS	A CONSEQUENCE OF	
DISEASES OR CONDITIONS, II day, giving set to, or as II day, giving lise II disease (A) staling the UNDERLYING CONDITION last.		
UNDERLYING CONDITION (cs., (c)		
A B 音音 / / / × II		
Other significant conditions Contributing To the Death but not related to the terminal 22. I certify that (I) (this hospital) ottended the deceased from		
The second secon	101 3/ 1967 to 110	19.65
22. 1 certify that (1) (this hospital) ottended the deceased from that (1) (we) lost saw the deceased alive an	0 19 6 and that in (my) (our) Opinion death	occurred on the date
that (I) (we) lost saw the deceosed alive an	•	
DIDERLYING CONDITION lost. V X	view the body after dearn.	SIGNED
And	ending Med Staff	20110
Athere Decree Phy	ys. Director Phys . /	14/6
NAME (TYPE) 23C. PHYSIGIAN'S NAME (TYPE) H. C. R. D. M. + HER.	23D. ADDRESS	4
NAME (Type) HI (PDIN) + HER	4709 FREDERICK	AVE
ond haur ond from the causes stated obove. (I) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (did nat) ond haur ond from the causes stated obove. (II) (Ne) (did) (d	REMATORY 24D. LOCATION (City, town, br	county) (Stole)
2d 2 REMOVAL (Specify)	1. Com 1 Rant on	/
VR BURIAL Jan STORES The Calkedra	25C. FUNERAL DIRECTOR'S LTD ASSILLE MD	ADDRESS , LAME
30M R25A. DATE RECO RY HEALTH DEPT. 25B. NAME OF REGISTRAR	CMIONOTIES	FONERAL_
411 2100 FEB 1 1968 Conta Conta	FARLEY-CAVANAUGH	TONLING



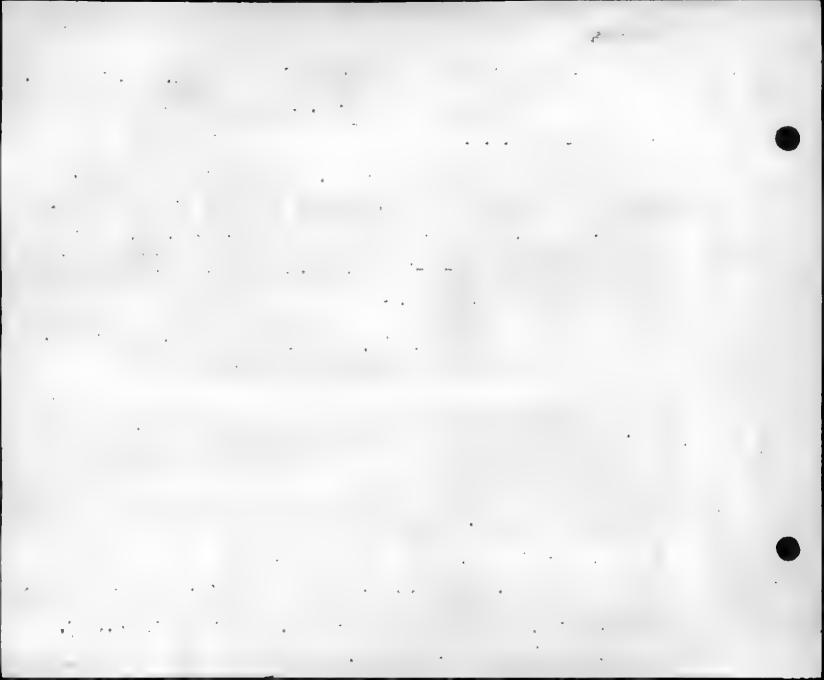
-			MARYLAND STATE DEPARTMENT OF HEALTH
= 1-	2	~	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	7)		tems 13b,c, &e Film G397 1/5/68 CERTIFICATE OF DEATH 00532
funeral and a redeath.			eccased-Name First, Middle last 20. Date of Death Manth Day Year 5 7 P.
after the fur	`	3. SE.	Jamale 4 RACE Uhite S. DATE OF BIRTH Copeil 26, 1886 last bythology YRS. MONTHS DAYS HOURS MN
in by Pers. Pop. 2 havrs		7a B	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH TOOK ton Mod USQ WIDOWED DIVORCED BATTIMORA M.
ithin 24 y filled an pape vithin 73		- 4	CITY OR TOWN OF DEATH. 11 NAME OF HOSPITAL OR INSTITUTION (If pot in haspital) 12a USUAL OCCUPAT ON (Kind of work done give street address) 12b KIND OF BUSINESS OR INDUSTRY
ecuted with campletely ave carbar y event, wi	ţ.	13a.	USUAL RESIDENCE (Where deceased lived, if institution Residence before 130 CITY OF TOWN) 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER POST OF THE NEW YEST NOW GREAT 1449 STREET AND NUMBER POST OF THE NEW YEST NEW YES NOW GREAT 1449 STREET AND NUMBER POST OF THE NEW YES NEW YES NOW GREAT 1449 STREET AND NUMBER POST O
ond careman	1.	14 F	FATHER'S NAME First Middle Log / Middle First Middle First And First Middle Hill.
ertificate by physician nen please aval, and i			WAS DECEASED EVER IN U.S. ARMED FORCES? (15 No. ar unknown) (11 you give war or dates of service) 16b. SOCIAL SECURITY NO. Baptis / Home Md. Care Seight live.
A.B.: The law requires that the death certificate be executed within 24 haurs after death of ar attending physician. Incate has been signed by the attending physician and campletely filled in by the funeral far use as the burial-transit permit. Then please remave carban papers. Pages I and Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death			IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY:
t the dec the atten sit permi			Canditions, if any, which gave) [Canditions of the control of the
s that cian. d by the transity			rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF WASTED IN TO THE OWNER.
requires g physicic n signed e burial-ti a burial,			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
I: The law requires the ar attending physician. the has been signed by use as the burial-transath priar to burial, are	X	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
YSICIAN: T aspital ar c certificate hed far us		MEDICAL CERT	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DIR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
JING PHYSICIA by the haspital (ffer this certific be detached fa State Dept. af H			Ill either, natify medical examiner) P.M 19 2 id INJURY OCCURRED 21e. PLACE OF INJURY (AT HOWE, FARM, STREET, FACTORY) While at work of the work of work of work of the work of work.
by the free the district of th			22a. I certify that (I) (this haspital) attended the deceased from January 1960, to 3 2 1965, that (I) (we) to
R ATTENE retained RECTOR: A 3 shauld with the			couses stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR DELIVED TO PHYS DIRECTOR
HOSPITAL OR ge 4 may be FUNERAL DIRI rector, page 3	f		22d. PHYSICIAN'S NAME (Type) A. P. L. P. L
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fill	£	23a	BURIAL, CREMATION, 236 DATE 230 FIRME OF CEMETERY OR CRIMATORY 23d JOCATION (City OR TOWN) (County) (State) REMOVAL (Specify) 129 129 129 129 129 129 129 129 129 129
P P P	7	24	FUNERAL DIRECTOR ADDRESS ADD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00533 00536 CERTIFICATE OF DEATH Middle Last 20. DATE OF DEATH 1. DECEASED NAME First Month (Type or print) Ferdinand George Reimschissel S DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In veors requires that the death certificate be executed within 24 hours after White Aug.5,1921 Male ther this certificate has been signed by the ottending physicion and completely filled in by the detached for use as the burial-transit permit. Then please remove carbon papers. Pag State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or fareign 8 MARRIED 1 NEVER MARRIED country U.S.A. Baltimore WIDOWED [7] DIVORCED [] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitel 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
821 Suburbien Rd. during most of work ng life, even if retired)
Supervisor INDUSTRY Reisterstown Dairy 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIM TS? 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Mary 1 a nd Reisterston 821 Suburbian Road. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Bernard Frank Reimschissel Anna Gertrude Dreisbach 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 821 SuburbianRd Reisterstown Mo Yes po, or Jinknown) [1] yes give wor or dates of service] .85-10-2686 June O. Reimschissel 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Cardiac a Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Rheumatic Heart Disease with auricular 10 yrs. nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF brillation and mitral stenosis stating the underlying couse partially compensated by mitral valve PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital or attending 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? Mitral valve replacements x Feb. 1967 Mi NO | 21b TIME OF INJURY O INTERAL BIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) TO DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d INJURY OCCURRED
While Not while at work of wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. City or Town County Stote 22a. I certify that (I) (this haspital) attended the deceased fram April 21, 1964, to Jan II, 167, that (I) (we) lost saw the deceased alive an Dec. 11 197, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR 1) Vertina DEGREE 22e ADDRESS 59 Hanover Rd. Reisterstown, Md. 22d. PHYSICIAN'S Martin E. Strobel. M.D. NAME (Type) 23d LOCATION (City or Town) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (State) (County) Jan. 13. 1968 Lorraine Park Cem. Woodlawn Balto. Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ATS (4) Owings Mills. Md.

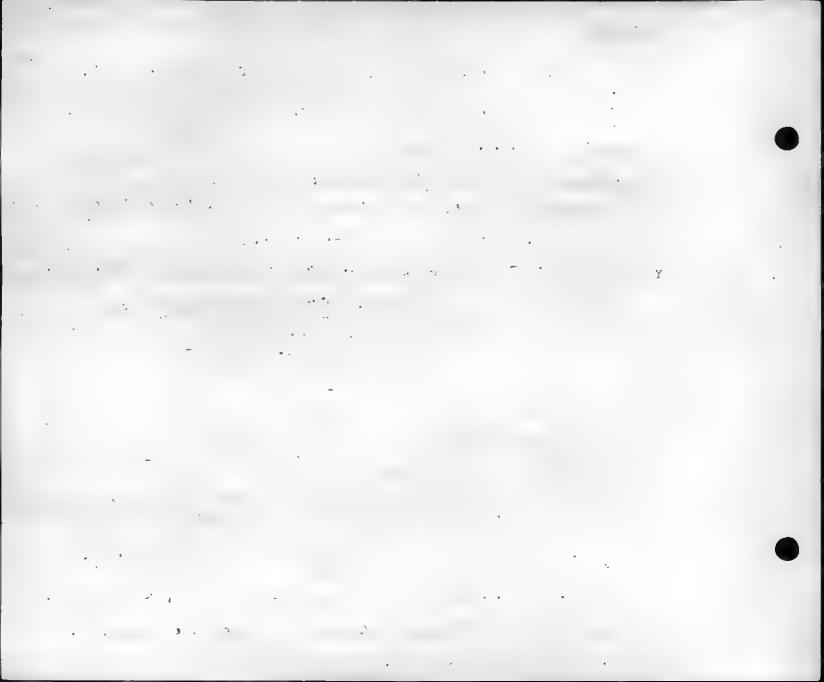


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00534 00537 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR death, and the fundral (Type or print) CHESTER January Month 31 Doy 196 801 HARRY RICKS 3. SEX A. RACE S. DATE OF BIRTH IF UNDER F YEAR IF UNDER 24 HRS 6. AGE (In veors last birthday) Poddes MONTHS Male White September 17 1908 ■uires that th■ death certificate be execute』 within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign B MARRIED NEVER MARRIED X physician and completely filled in en please remove carban papers. country) WIDOWED F DIVORCED Baltimore Maryland U.S.A. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working ufe, even if retired.) INDUSTRY 182 Oaklee Village 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY Baltimore NO -182 Oaklee Village 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle Lost Lost XXX. T. Ricks May E. Chanev Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. or unknown) (It yes give war at dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, Mr. Donald O'Loughlin, 121 Waelchli Ave. WWII 217-05-0059 by the attending phy APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION CAUSES OF DEATH? YES 🗔 NO -21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month -Dev -- Year-P.M (If either, notify medical examiner) 21d INJURY OCCURRED (AT HOME FARM STREET, FACTORY,) 21 LOCATION Street or R F D. No 21e. PLACE OF INJURY City or Town County Stote While Not while 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 19 55, an _19 (and that in (my) (our) opinion death occurred an the date and have and from the be retained causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed v DEGREE DIRECTOR 22d. PHYSICIAN'S 22a ADDRESS NAME (Type) Dr. Earl I. Pass 4001 Wilkens Avenue Baltimore 23o. BURIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2-3-1968 Cedar Hill Cemetery Baltimore County 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D_BY REGISTRAR 2Sb. REGISTRAR'S STGNATURE VR A15 (4)

21229

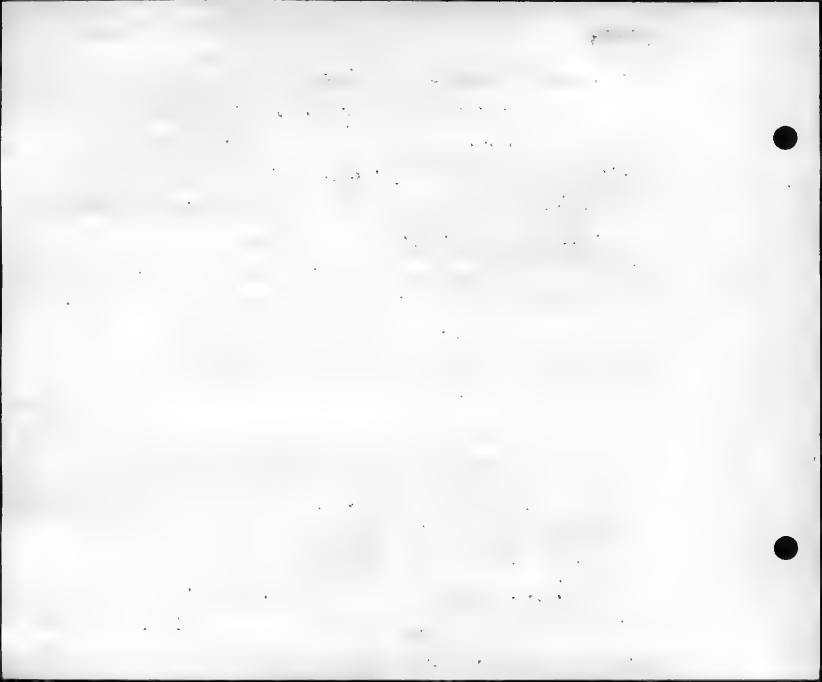
30M REV, 1/68

Howard H. Hubbard, 4107 Wilkens Ave.



DATE

30M REV 168



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06539 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Henrietta Mary Robertson Jan. S. DATE OF BIRTH 6. AGE (In years 3. SEX requires that th≡ death certificate be ≡xecuted within 24 hours after March 12, 1914 fdmele Negro 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Wash .D.C. Baltimore U. S. WIDOWED [DIVORCED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH give street address) during most of working life, even if retired) Catonsville SPRING GROVE STATE HOSP. 13a. JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER adm ssion) STATE Pr. Geol Fairmnt Hgts YES NO 🗌 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First William Henrietta 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO. Yes, na. ar upknawn) Records : SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY. DIABETIC, ke toacidosis, uncontrollable . IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF D'abetes l'el'itus Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF SOIZUPOS; my ocardoparty stating the underlying cause Discare: ure via: remail b, pert PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO Arttimolarnerhoon lacsis, &intercopillary Jomerulon TO FUNDEME DIRECTOR! After this cartificate Ban been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES [NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Mo. 21d INJURY OCCURRED City or Town While Nat while at work

J. Young, M.D.

ADDRESS

23c. NAME OF CEMETERY OR CREMATOR)

last birthday) MONTHS 12b KIND OF BUSINESS OR 608 - 59th Avenue 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING County State 22c. DATE SIGNED 1-18-68 22e, ADDRESS SPRING GROVE STATE HOSPITAL Baltimore, Maryland 21228 23d. LOCATION (City or Town) (County) (State)

MED. DIRECTOR

25g. REC'D BY REGISTRAR

00536

IE UNDER 3 YEAR

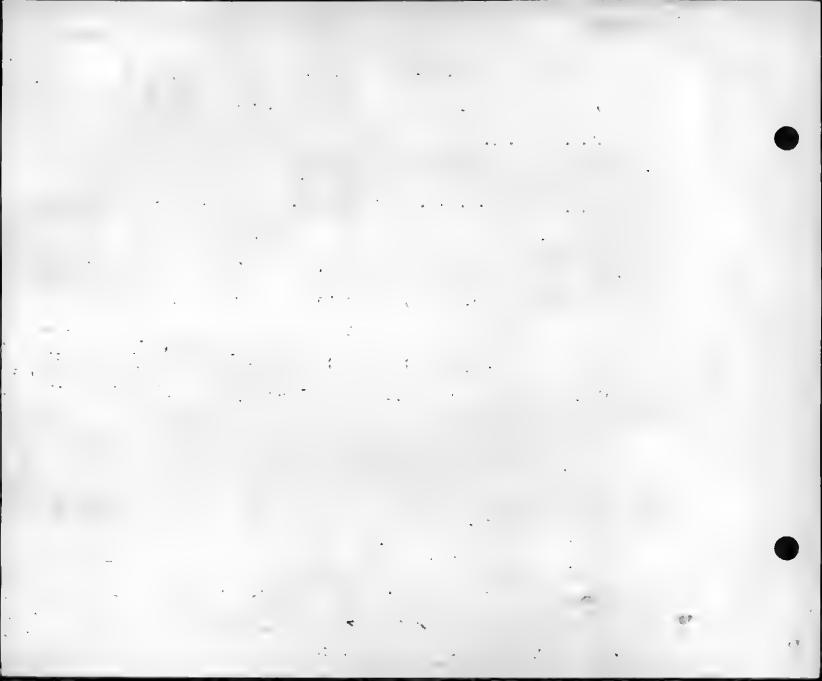
VR A15 (4)

director, shauld 22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION, REMOVAL (Specify)

24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH 00540 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MACHINA

\leq		CERTIFICATE OF DEATH								00037		
-1		CEASED-NAME First		Middle		Lost	- 2	o. DATE OF DEA			2b. HOUR	
	(1	ype or print) Miny	5	1:1-	ath. K	alaine		1	Month Doy	Year	3 81	
	3. SE		4. RACE	11500	eth n	DATE OF BIRTH	43	16	AGE (In years	IF UNDER I YEAR	IF JNDER 24 HRS	
		4.	Neg	~~	ľ	1 - 5-	- 86	e la	st birthday)	MONTHS DAYS	HOURS MAN	
	70 8	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT CO	· · · · · · · · · · · · · · · · · · ·	8			COUNTY OF DEA			11	
	COUN	ito) \ I	LL .S C	-		NEVER MARRIED	J,	OFFE	111			
	_	" Va.			WIDOWED	, , , , , , , , , , , , , , , , , , , ,			imore		Mo	
t n	10. C	ITY OR TOWN OF DEATH	11. NAME OF		TITUTION (If not		ring most	of work ng life,	even if refired.)	126. KIND OF INDUSTRY	F BUSINESS OR	
4.		USUAL RESIDENCE (Where decease		esidence before	13c CITY OR T	OWN 13d. (8/5)	DE CITY LIMITS		AND NUMBER		^	
<u>.</u>	admı	ssion) STATE W	13b. COUNTY	-	Batty	YES	NO [3408	Rase	Jala.	25	
	14 F	ATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN I	JAME First		Middle	70010	last	
Y		A - A - A	U			N	110-	,				
5	36.	William		ODINSOY		ODMANT.	770	1/2		MSON	•	
		WAS DECEASED EVER IN U.S. ARMI es, no, og unknown) (If yes give wo	r or dates of service)	SOCIAL SECURITY N		ORMANT	31		Address			
		No '	21	9-30-33	331 70	trents '	\ha	*T.				
		18. CAUSE OF DEATH (Enter only	one cause per line for	(o), (b), and (c).)		4					MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH WAS CAUSED	BY: Per	dio-ro	20100	toy fac	lin					
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Peralio - respiratory factor DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which gave			11000	Sulm.						
		rise to immediate couse (a),	(b) <u>C-C</u>	ngestive	170217	-						
		stating the underlying cause	DUE TO, OR AS A CO									
		last.	(c) CV									
		PART 2 OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING T	O DEATH BUT NO	T RELATED TO	THE TERMINAL DISEA	SE OR CONE	DITION GIVEN IN	PART 1(a)			
	×	4-17-1										
Y	FICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES						WERE FINDINGS CO	INSIDERED IN C	ERTIFYING		
to A	l≝l	YES NO CAUSES OF DEATH?										
	9	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	RY	21c. HOV	INJURY OCCURRED	(Enter na	ture of intury in	Part 1 or Port 2. I	tem 18.1		
	EDICAL	OR CONTRIBUTING CAUSE OF DEATH		nth Day Year	1		,			- '		
	9	(If either, notify medical examination of the control of the contr	er) P.M.	ME FARM CIPEET FACT	FORY \$ 1.916 1.00C	ATION County OF D	ED Na	City or T		Caunty	Stote	
		While Nat while at wark of wark	PLACE OF INJURY (AT HOS	BUILDING, ETC.	211. 100	ATION SHEEL OF K	r.D. Nu	City or to	DWII	cubity	21016	
							10			4 4 4		
		22a, I certify that (I) (this saw the deceased al	s haspital) attended	d the decease	d fram	2636	, 19_67	_, 10///	, 19_	<u>& 8</u> , that	t (I) (we) las	
		causes stated abave	(I) (we) (did) (did o	nat\ view the \	nady after de	inai in (iliy) (at ath	ir) apinia	ili dedin accu	rrea an the aa	re and naur	and from in	
		22b. SIGNATURE	(i) (we) (alla) (alla)	idif view iiie i	Jacy allor ac				22c [DATE SIGNED		
		101017	2 200110	1.	DEGRE	ATTENDING	MED.	TOD ST.	AFF CT	1111	5	
,		22d. PHYSICIAN'S	jucico	- 01	DEGREE	PHYS. L 22e. ADDRESS	→ DIREC	.10K - Ph	142. PT	11/0	0	
1		NAME (Type) PARV	IZ NAVID	I		6701n	L.Cha	rles S	St. 21	204 Ma	1 .	
Λ												
V	23a.	BURIAL, CREMATION, 23b. D		23c. NAME OF C				3d tocation (c	1 ,	(County)	(State)	
M		201101	-14-68		us Memo	rial Par		Baltim	ore, Mar	yland		
11	24.	FUNERAL DIRECTOR	000 16-11	ADDRESS	77.74	2Sa.	EE BY R	SISTEMBER	25b NOESTRARS	GNATURE .	el.	
68	0	harles R. Law	OUZ MAG150	n ave.,	paito.	, MIL DAIR	LEIA P	N ENT	-	0 0	1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled i≡ by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1, and 2—shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any event, within 72 haurs afterdetain. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

30M REV. 148



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0053896541 CERTIFICATE OF DEATH Last 20. DATE OF DEATH DECEASED-NAME First Middle 2b. HOURD (Type or print) Month William Robinson 10:00 January IF UNDER 1 YEAR IF LINDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) e e Negro Male 2-22-1884 requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U.S.A. Baltimore WIDOWED K DIVORCED [Virginia 10. CITY OR TOWN OF DEATH TO WSON 12a USUAL OCCUPATION (Kind of work done and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) INDUSTRY pgu St. Joseph Hospital Retired COAL 13e. STREET AND NUMBER Carl 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE YES T NO 🗍 406 Virginia Avenue TOWSON Maryland 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost 16b. SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar unknown) burial, crematian, or remayal, 40609. ave. Tourse 1B. CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myecardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Senile depressions rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔙 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town (dunty Stote

22d. PHYSICIAN'S

23o. BURIAL, CREMATION,

NAME (Type)

REMOVAL (Specify)

While Not while at work

22a, I certify that (1) (this haspital) attended the deceased from 12-30 , 19-67 , ta 1-21 , 19-68 , that (1) (we) last saw the deceased give an 1-21 , 19-68 , and that in (my) (100) apinian death accurred an the date and haur and from the causes stated abave, (1) (xxx) (did) (dxxxxx) view the bady after death.

22b. SIGNATURE

Ramon

Lepez.

NAME OF CEMETERY OR CREMATORY

ATTENDING DEGREE PHYS 22e. ADDRESS

STAFF PHYS.

22c. DATE SIGNED January 21, 1968

7620 York Road, Baltimore, Md. 21204 (County)

VR A15 (4) 30M REV. 1/68

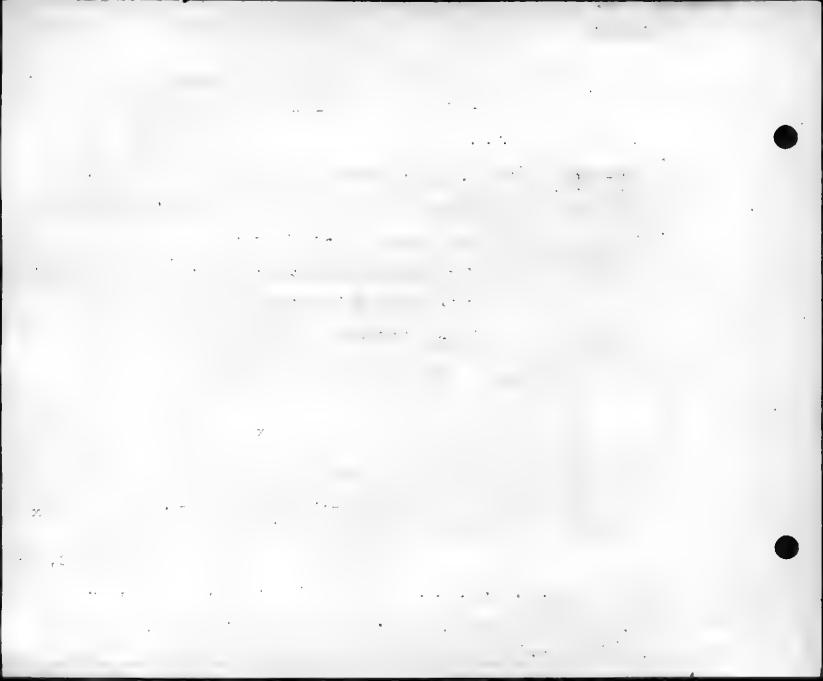
director, page should be filed

TO FUNERAL DIRECTOR: After

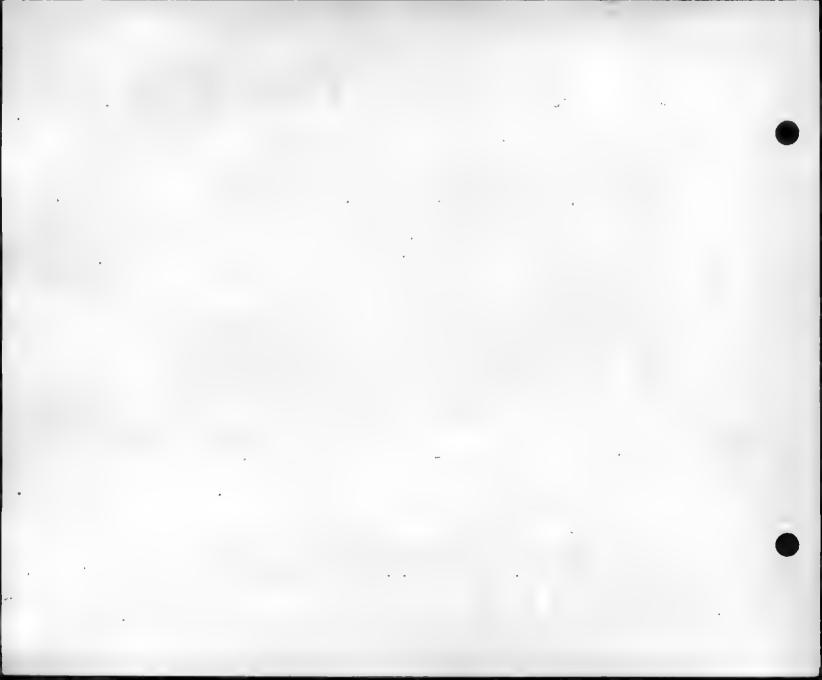
be retained

2So. REC'D BY REGISTRAR DATELAN

MED. DIRECTOR

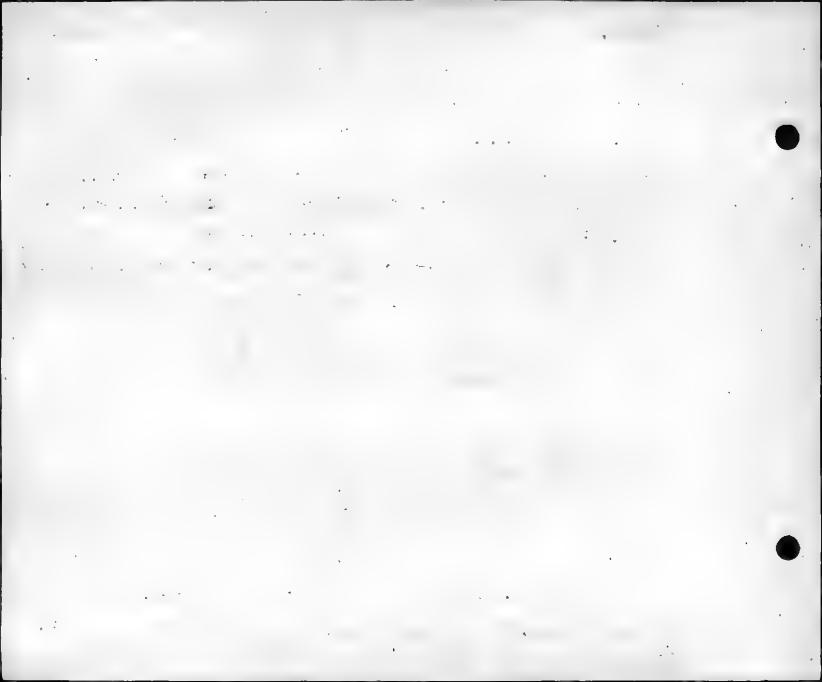


<i>f</i> '		MARYLAND STATE DEPARTMENT OF HEALTH O 6542 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
, * EOD CTAYE	It		00539
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT		ECEASED NAME First Middle Last 2a DATE KNOWN Manth (you ar Print) TANKED OF ESTI-	Day Year 2b HOUR
delay is and 3 to M3. Page		AGE O MORE A PACE AS DATE OF BIRTH AGE OF BI	13 1968 M
delor may Pa	3 51	TO MALE TO DIKTI.	Year CO O 55
2, and PM3.			3, Yeor 1968 9:55 _M
1, 2, and 1, 2, and 1, 2, be part ma	£aJn	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 7 COUNTY OF DEATH	1.
2 2 2		MD DIVORCE BALLINORE	Md 12b KIND OF BUSINESS OR
司名書 万	10	Essex 11. Name of normal or institution (it that it hospital during most all warking life, even if retired) 22. 3 RIVERSIDE AVE	INDUSTRY BETH STEEL
after de alang with the leath.		LSJAL RESIDENCE (Where deceased leved, if institut on, Residence before) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
hours after Item 18. Gi Office alaps and 2 with	04	dmission) STATE Md. 13b. COUNTY Baltimore Essex YES XNO 323 Riverside	Avenue
24 hours a lin them 18. 's Office all s I and 2 w	14 F	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	last
		WILSON ROBOSSON AGNES OWENS	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (ps. ng. or unknown) (if yes give wor or dotes of service) 2 / 2 / - (200) 0	
be exmuted within "pending in pencil ref Medical Examine ansit permit. File pagi		(es. no. or unknawn) (If yes give war or dates at service) 213-36-6980 PETRA ROBOSSON	A BOUE
\$ 5 E		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be exmuted "pending in lef Medical Einsit permit. Fevent within		PART I. DEATH WAS CAUSED BY Gunshot wound of abdomen MMED ATE CAUSE (a) Gunshot wound of abdomen	
e exatul pending sf Medic		155 X DUE TO, OR AS A CONSEQUENCE OF	
h ef		Conditions, if any, which gave) use to immediate cause (a), (b)	
ward ward the Ch rial-tra		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be exmuted to ward "pending" is a the Ch of Medical burial-transit permit.		(c)	
ertificate sh writing the : warded ta t sed as a bui		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)	
iting iting ardec d as	No	976 X	DR HITODONO
this certificate, writing the farward as be used as the removal,	CAT	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
· ·	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	YES X NO
# T P O	AL C	PRIMARY TOR CONTRIBUTING HOUR A.M. 1 12 CO	am 10)
EXAMINER: cute the certificage that the certificate that the certificate that the code of the code of the certificate that the certific	MEDICAL	CAUSE OF DEATH PM I-13 1900 Apparently Shot Sell	County State
≥ = 4 = 9 =	_	total factory office building, etc.)	'
5 × 2 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6 × 6		22a. I certify that I took charge of the remains described obove, held an Autopsy X, Inspection , Inquiry	
please e director retained DIRECT or to bu		death resulted from. Natural causes . Accident ., Suicide ., Hamicide ., Undetermined manner	
TY please y, please eral directs or retainer (AL DIREC		ACTUAL CHIEF MEDICAL EXAMINER CONTRACT MEDICAL EXAMINER CONTRACTOR MEDICAL EXAMINER CO	SIGNED
ITY. eral be RAL		SIGNATURE AND ADDRESS OF THE PROPERTY OF THE P	ry 14, 1968
DEFLUTY CICAL E		EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER [] Janual NAME (Type) ADDRESS(Street, city, fown, or county)	шу 14, 1700.
o med	23a	BURIAL (REMATION, 23b DATE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (Stote)
		BURIAL (REMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 2 17/68 MEADOW RIDGE BALTO. PL BURIAL (REMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	1 0
MC	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 25b REG STRAR 5	SIGNATURE
VR A15ME 10	1	J.G. CONNELLY SONS 300 MACE DATE JAN 17 1968 Plus	res Justo





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06544 00541 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR IN law remuires that the death certificate be emecuted within 24 houm aftm death Roffe (Type or print) nmi Peter physicion and completely filled in by the funeral 10:0% 3. SEX 4. RACE S. DATE OF BIRTH IF LINGER I YEAR 6. AGE (In years Male White last butbday) OUTS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH bon popers within 72 ho country) Pad. baltimore U.S.A. DIVORCED [WIDOWED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.)
SteeLworker INDLSTRY Rundall stown Beth. Steel co 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY EIMITS? odmission) STATE Rural Balto. NO S 3205 Blue Hill Rd. 14. FATHER'S NAME M ddle Last 15. MOTHER S MAIDEN NAME First Middle Lost Roffe Sabatine Catherine Martini 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, or unknown) 213-07-0453 signed by the ottending physi buriol-tronsit permit. Then pl burial, cremation, or removal, Mrs Rebecca Roffe 3205 Blue Hill Rd Balto 7 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CARCINOMATOSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the hos been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M detoched 21d INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 220. I certify that (I) (this haspital) attended the deceased from 13 196X, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive an_ couses stoted above, (1) (we) (did) (did not) view the body after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR director, poge should be filed PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Antonio R. Jara MI Balto Co General Hosp. 23d. LOCATION (City or Town) 23b. DATE NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Balto 28 Md. DATE DAY Balto National 25b. BEGISTRAR'S SIGNATUR FUNERAL DIRECTOR



00545

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00542

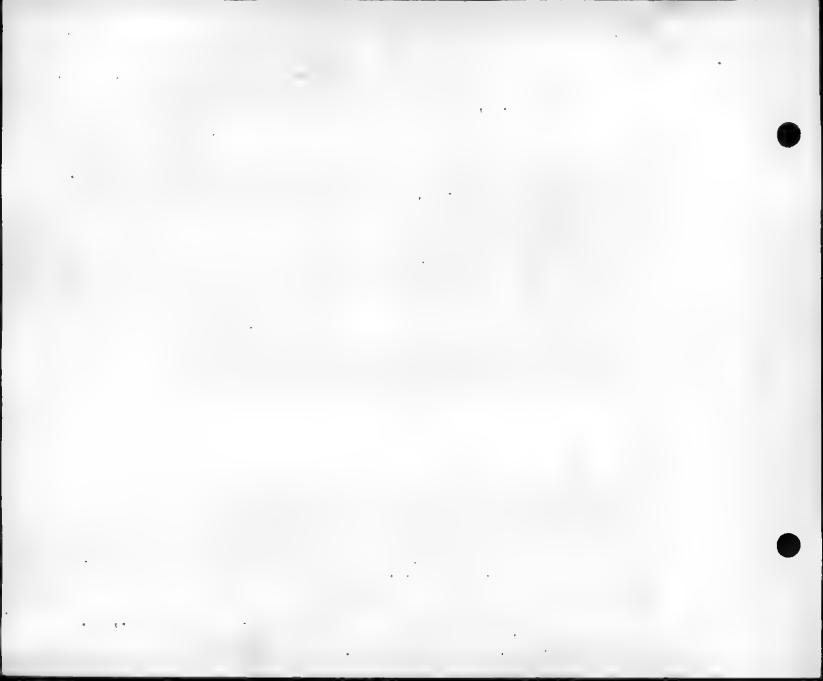
	170020		CENTRE	CAIL OF DEATH	•		4, 1, 4, 4	, –		
	ECEASED-NAME First Type or print)		Middle	Last	2a DATE OF	DEATH North - 1 D	oy CQ Yeor	26 HOUR		
	ALL			Rogers	_ 1	Month 11 De		7:30 _M		
3 5	EX	4 RACE			1887	6 AGE (In years	MONTHS DAYS	HOURS MAN		
	female	white		May 14,		JOST birthday)				
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT (HIPPOTE	NEVER MARRIED 🗌	9. COUNTY OF					
	Md.	U.S.		DWORCED _	Baltimon			Md		
	CITY OR TOWN OF DEATH	give street	OF HOSPITAL OR INSTITUTION (If	digring		(Kind of work done life, even if retired.)		BUSINESS OR		
	Catonsville	ISPRI	NG GROVE STAT	E HOSP.	beamsti	*ess	factor	У		
	. USUAL RESIDENCE (Where decea ussion) STATE	sed lived, if institution 13b. COUNTY		SUPPRINT.		REET AND NUMBER				
	MCI .			lto.	, def.	129 S. Cha	rles St			
4,	FATHER S NAME First	Middle		S. MOTHER'S MAIDEN NAM		Middle		Last		
	xpootage		ramer	Sarah	Hen	dley				
160	. WAS DECEASED EVER IN U.S AR Yes no ar unknown) 1 (17 yes give	war or dates of service)		INFORMANT		Address				
			219-54-3400	Records: SPF	LING GRO	E STATE H	OSPITAL	MATE INTERVAL		
	1B. CAUSE OF DEATH (Enter of	nly one cause per line fo	or (a), (b), and (c))	formati am	2000 C 15 +		BETWEEN O	HTARD DEATH		
	PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Myocardial Infarction, recent 3 days									
	DUE TO, OR AS A CONSEQUENCE OF Otic cardiovascular Ht. Dis.									
	Conditions, if any, which gove (b) Diffuse myocardial disease (arterloscler+3 years DUE TO, OR AS A CONSEQUENCE OF									
	stoting the underlying couse		120 -							
	lost ty		<u>teriosclero</u>							
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE O	DRICONDITION GIVE	N IN PART I(a)	(10AE)	MI matth		
CERTIFICATION			g fra. righ OPERATION WAS PERFORMED	20g. AUTOPSY?						
3	TYG DAIL OF OPERATION TYD	CONDITION FOR WHICH I	UPERATION WAS PERFORMED		CALIFE	206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CKIN	21o. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJ	HIDV 21.	YES NO		no in Don't 3 on Book 9	Ibam 1D1			
	OR CONTR BUTING CAUSE OF DEA	THE HOUR A.M. M	Manth Day Year	TOWN TOOKS OCCURRED (E	raer natore or min	Ty III FOIL I OF FOIL 2	, nem to j			
MEDICAL SALES	(If either, notify medical exome 21d. INDURY OCCURRED 21e	iner) P.M.	HOME EARM STREET EACTORY \ 014	OCATION Secret or DED	No. Co.	ar Town	County	State		
	While Not while at work of wark	OFFI	HOME, FARM, STREET, FACTORY.) 216 ICE BUILDING, ETC.	LOCATION Street of K.F.D.	nd City	di Iûwn	Edulity	Sinia		
	22a. I certify that (2) (th	nic bacnital) attand	ad the decoaced from	Reb. 17 19	6h to Ta	n. 1/1 1	9 68 that	M (wa) lar		
	saw the deceased (glive on Jan	<u> 17: 1968 , o</u>	nd that ira (my) (acak :	apınıan death	accurred an the c	date and haur	and fram the		
	causes stated abav	e, (I) (ye) (did) (did	nat) view the body after	death.	<u>'</u>					
	226 SIGNATURE	1.600	2 1 19910	ATTENDING -	MED	CTAFE JACT	DATE SIGNED			
	184000000000000000000000000000000000000	711 3/11	THE DEC	GREE PHYS	DIRECTOR 🗀	PHYS.	L-15-68			
	22d. PHYSICIAN'S NAME (Type) A rat.)	hony J. You	ma M D			DIE STATE		L		
						Maryland				
		DATE /2 0 / 4 0	23c. NAME OF CEMETERY O			ON (City or Town)	(County)	(State)		
	FUNERAL DIRECTOR	/18/68	Meadowridge		D BY REGISTRAR	nore, Mary				
ĮΨ (O)	onard J. Ruck	Inc. 5305	Harford Rd. #	LA N	17 196		les Judg			
				DATE	T 100	0 1	Co your	~-		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tartified director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours afterwated Page 4 moy be retained by the hospital or attending physician.

WRAS

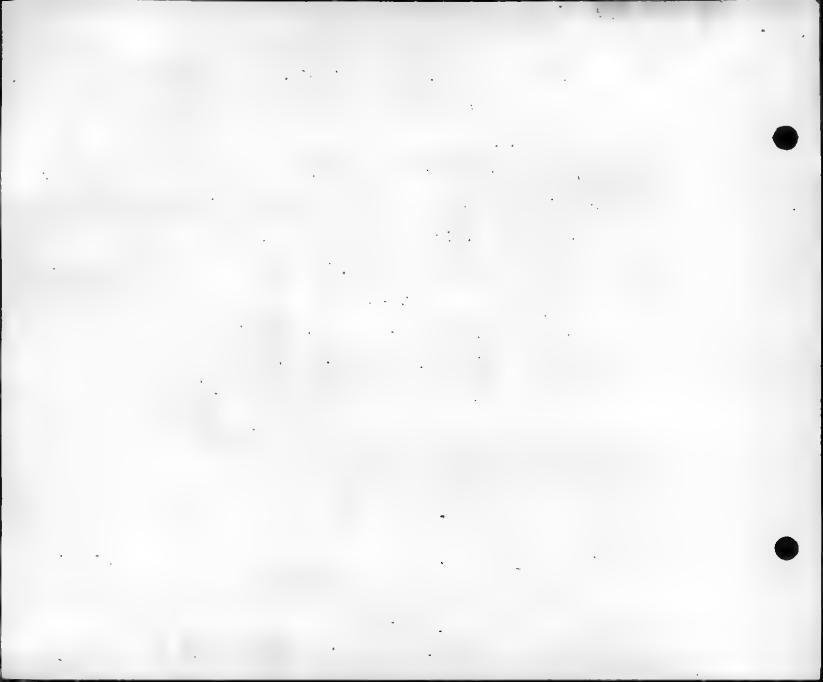


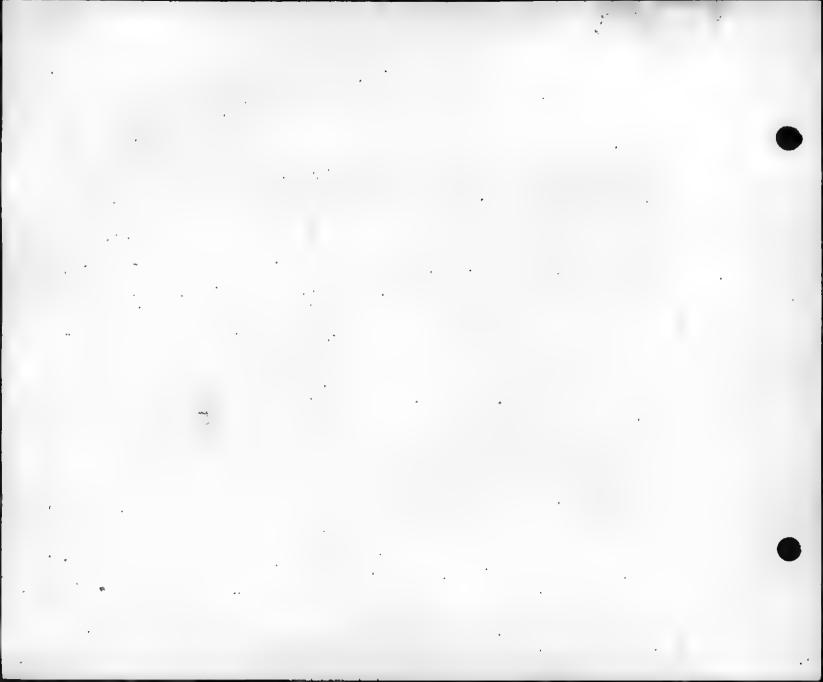
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00543 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP DECEASED-NAME Middle 2a. DATE KNOWN Manth (Type or Print) ESTI-VIRGINIA ROGERS LOUISE DEATH MATED [] Jan. & AGE (n years IF UNDER 24 HRS 4 RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 49 vi Jan Day 12, Year 19 68 Dec. 8, 1918 Female White YRS 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH be forwarded to the Chief Med.col Examiner's Office along with form country) Ohio WIDOWED [DIVORCED [Baltimore USA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Wilson Point (20 Elm Drive Dent. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR TOWN 13e STREET AND NUMBER Maryland OUNTY Baltimore 17 Flm Drive Wilson Point YES NO K pages land 2 Item 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME William Hudson Alma hours pencil in 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, ne or unknown) 278 12 8209 Rollins Rogers Same APPROXIMATE INTERVAL be executed 18 CAUSE OF DEATH (Enter an y one cause per line for (a), (b), and (c)) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CALSE (a) Arteriosclerotic Cariovascuaar Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), This certificate should execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G YEN IN PART 1(a) 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔃 NO [Ь 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) moy be retained for your mes FUNERAL DIRECTOR: Page 3 should PRIMARY OR CONTRIBUTING HOUR A.M PM CAUSE OF DEATH 21d Natury Occurred 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town Caunty State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a | certify that I taak charge of the remains described above, held an Autopsy K., Inspection Inquiry [and in my agin an Natural causes Accident Suicide death resulted fram-Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY 1 - 12 - 68Spitz, DEPUTY MEDICAL EXAMINER Werner U **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 23d LOCATION (City or Town) 23a BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) PEMOVAL (Specify) 1/15/68 Holly Hill Memorial Gardens Baltimore Co.. ADDRESS FUNERAL DIRECTOR-2Sa REC'D BY REGISTRAR 2Sb REGISTRAR S S GNATUR Home 1407 Eastern Ave. 21 Funer



Item 5 Film G396 1/17/68 kk CERTIFICATE OF DEATH CERTIFICATE OF DEATH 00544 Middle . DECEASED-NAME First Last 2c DATE OF DEATH 2b. HOUR (Type or print) **JACOB** ROSENSTEIN S DATE OF BIRTH 3. SEX 4 RACE BE UNDER 1 YEAR AGE (In veors last bighday) MONTHS DAYS HOURS JUNE 6. 1/8/1/8/ MALE WHITE 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🗍 NEVER MARRIED 💢 POLAND BALTIMORE U.S.A. WIDOWED [DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12o. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.) PIKESVILLE CLUB and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b COUNTY CONCORD BALTIMORE #21208 remove ROAD 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost MOSES ROSENSTEIN SARAH 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no gunknown) [If yes give war at dates of service] crematian, or remayal, ETHEL STERN. 7007 CONCORD ROAD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) burnal-transit rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TERMINAL DISEASE OR CONDITION GIVEN, IN PART 1(o) 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES 🗌 NO E 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 000, 19 000, ta 19 0000, that (I) (we) last saw the deceased alive an 19 0000, and that in (my) (mr) apinian death accurred an the date and haur and from the causes stated above, (I) (mr) (did) (did) view the bady after death. TO FUNERAL DIRECTOR: After 22b. SIGNATURE 22c. DATE SIGNED. **ATTENDING** STAFF PHYS. PHYS. 22d. PHYSICIAN S NAME (Type) 22e. ADDRESS APPLEFELD PARK HEIGHTS & GLEN AVENUES WILLARD director, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) (State) 1-10-68 MARYLAND HEBREW FRIENDSHIP BALTIMORE. 24 FUNERAL DIRECTOR **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR LEVINSON & BROS. . 6010 REISTERSTOWN ROAD

requires that the death certificate be executed within 24 haurs





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06549 00546 CERTIFICATE OF DEATH Lost 2a, DATE OF DEATH 1. DECEASED-NAME First Middle 2b. HOUR (Type or print) FRANK RUEHL January Month 29. Doy 1968 Year SR. 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years IF JINDER 24 HRS physician and completely filled in by the fen please remove carbon papers. Pages lost birthdov) MOHIRS MONTHS Male White 2-18-1904 requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED K NEVER MARRIED country) Baltimore Maryland DIVORCED [U.S.A. WIDOWED cremation, or remayal, and in any event, within 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OF INDUSTRY Food give street address) during most of warking life, even if retired.) Salesman Kensington 812 13a USUAL RESIDENCE (Where deceosed lived, of institution. Residence before 812 Warwick Road 13c CITY OR TOWN 3d INSIDE CITY LIM 157 13e. STREET AND NUMBER Maryland 13b. COUNTY admission) STATE YES 🗌 Baltimore Kensington 812 Warwick Road 14 FATHER S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last ELIZABETH SONEBORN MAT.I.TAW 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknown) 219-30-2906 Mrs. Minnie I. Ruehl, 812 Warwick Road 21229 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b)) and (c)) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the buriol-transit p buriol, cremation rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 20b. IF YES, WERE ANDINGS CONSIDERED IN CERT FYING 20a. AUTOPSY? CAUSES OF DEATHS MAINOWA YES [7] TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED 21b. TIME OF INTURY (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR-A.M. (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while of wark director, page 3 should should be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING M MED. DIRECTOR PHYS. 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Earl I. Pass 4001 Wilkens Ave., Balto., Md. 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, BURTAL (Specify)

Loudon Park Cemetery

21229

Baltimore, Maryland

250. REC'D BY REGISTRAP

DATE

1956 REGISTRAR & SIGNATURE

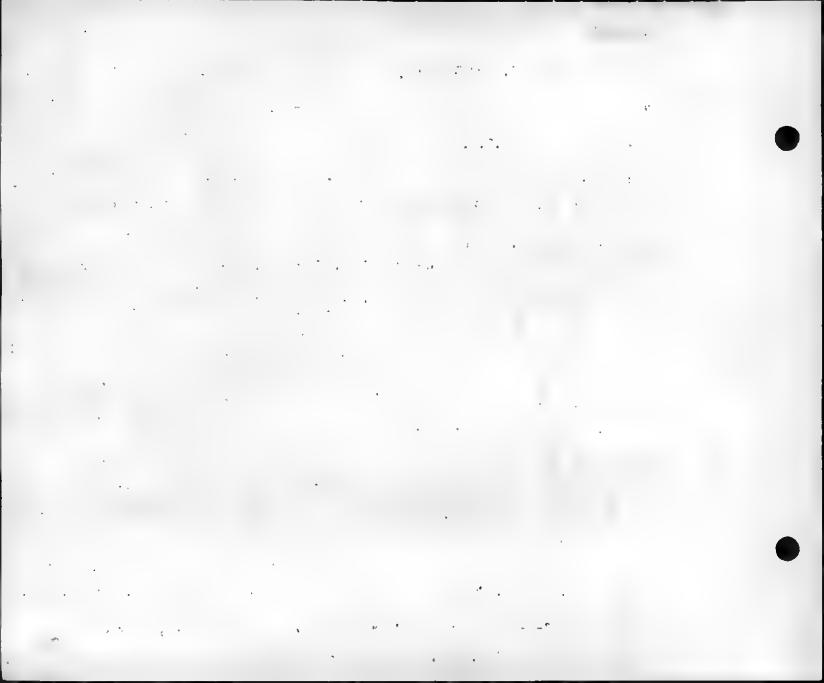
2-1-1968

Howard H. Hubbard, 4107 Wilkens Ave.

VR AT5 (4)

30M REV, 1/68

24. FUNERAL DIRECTOR



00550

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00547

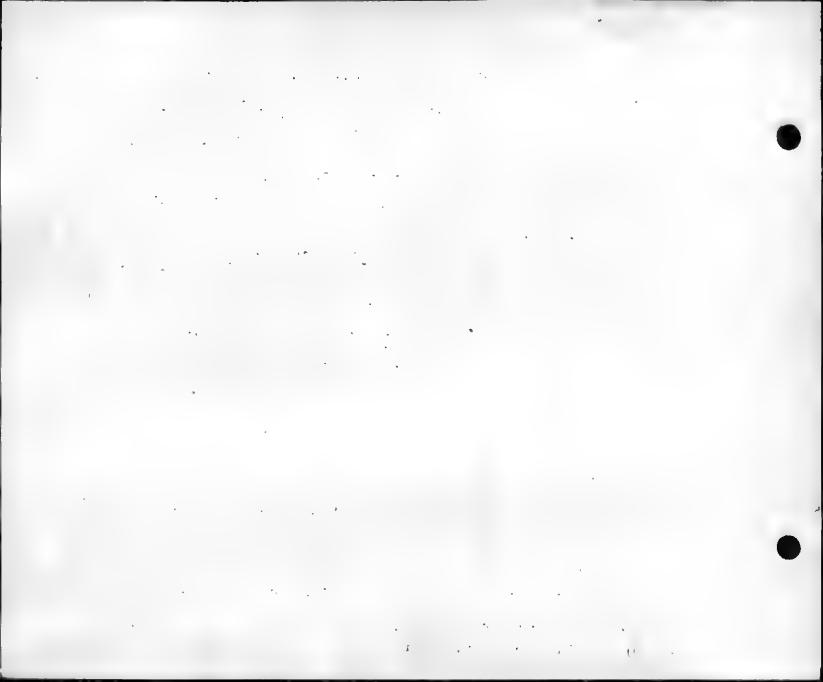
			CEN	CHILICA	IE OF DEAIR	1			, (, (,)		
	CEASED NAME First		Middle		Lost	20.	DATE OF DEATH			2b. HOUR	
£1:	ype or print) RAP	THOLUME	W FAZART	R	USSELL		Jan. Month	Boy 6	Year	240 PM	
SE		4. RACE	1	· · · · · · · · · · · · · · · · · · ·	DATE OF BIRTH		6. AGE (In year	S IF UNDE	R I YEAR IF	UNDER 24 HRS.	
	male	h	thite		6/10/	93	lost birthday)	YRS. MONTHS	DAYS H	OURS MIN.	
3 B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		MARRIED 🔀	NEVER MARRIED	1	INTY OF DEATH				
	Vigna	Uis.		/IDOWED			timore Cou			Md	
	ity or town of death ount Wilson	give stre	e OF HOSPITAL OR INSTITU eet podress) Wilson Sta	ate Ho	in haspital 120 U during	most of	UPATION (Kind of work of working life, even if retin	red.) 1ND	KIND OF BU! USTRY	SINESS OR	
	USUAL RESIDENCE (Where deceosistan) STATE MD.	ed lived, if institution	Res dence befare 130	. CITY OR TO	OWN 136. INSIDE CIT	NO [13e STREET AND NUMBER	R Evjeu	- Re	2 ,	
4. F	ATHERS NAME First . Hezik	Middle 4	Eussell		NOTHER'S MAIDEN NAMI	E First	Mide	dle SCL	1842	Last	
	WAS DECEASED EVER IN U.S. ARN es, na, or unknown) (If yes give w		6b. SOCIAL SECURITY NO. 213 - 10 -0 54	6 Red	学学と cords, Mt	. Wi	SSCLL Addr Ison State		tal		
IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), (b) Stating the underlying cause (c) Interpretation of the course (o), (c) Stating the underlying cause (c) Interpretation of the course (o), (c) The course of the course (o), (d) The course of the course (o), (e), ond (c) The course of the											
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				200. AUTOPSY? YES NO CAUSES OF DEATH? 200. AUTOPSY? AUTOPSY? CAUSES OF DEATH?					FYING	
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUT No										
	21d INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY (A	F HOME, FARM, STREET, FACTORY, FERCE BUILDING, ETC.	2 If. LOCA	TION Street or R.F.D.	No.	City or Town	Соип	ity	State	
	saw the deceased a	22a. I certify that (I) (this haspital) attended the deceosed from 1/22, 1968, to 1968, that (I) (we) last saw the deceased alive on 1/26, and that in (my) (our) apinian death accurred on the date and hour and from the couses stated abave, (I) (we) (aid) (did not) view the body after death.									
	22b. SIGNATURE DEGREE ATTENDING DIRECTOR DIRECTOR PHYS. D										
	22d. PHYSICIAN'S NAME (Type) Willia	m Newco	mer, M.D		Mount W	'ilso	n, Marylan	ıd			
230.		29-68	23c. NAME OF CEMI			23d.	BALTIMAN		nity)	(State)	
24.	FUNERAL DIRECTOR 4600 Lib	erty Hght	s. Avenue		2So. TE	N'23	TRABELES 2Sb. 2Sb.	SSENAT	Judg	4	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fugeset—director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after degree VR A15 (4) 30M REV. 1/68

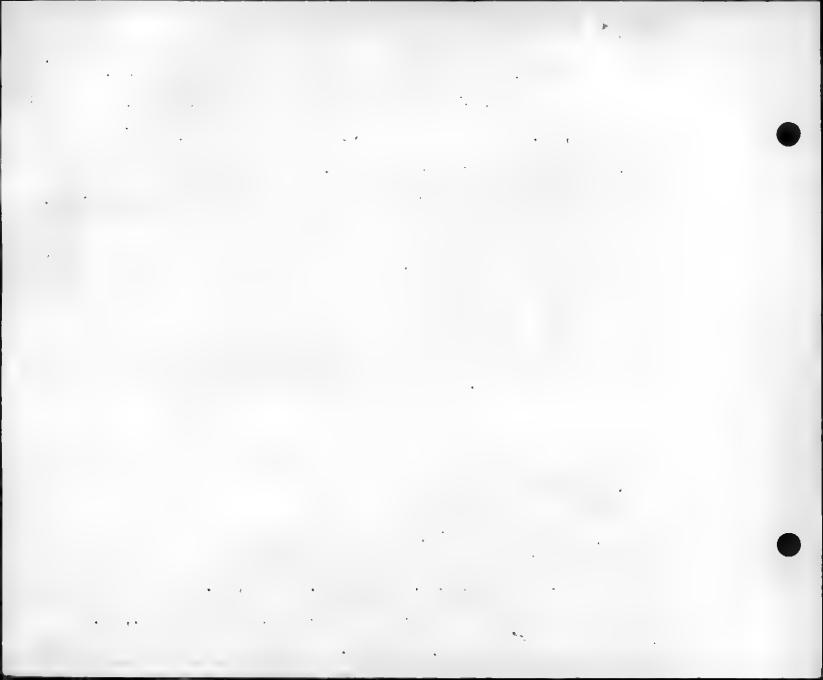
death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauge after

Page 4 may be retained by the haspital ar attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00548MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP I. DECEASED-NAME 2g DATE KNOWN Month Day Year (Type or Print) Jan. 12 ANNA SAHM DEATH MATED 6. AGE (In years JE LINDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 4 RACE 5. DATE OF BIRTH 3 SEX 2d HOUR HOLIES lay) July 8, 1894 Mahuary Doyl2. Female White 7b. CITIZEN OF WHAT COUN RY? 70. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 4 should be farwarded to the Chief Medical Examiner's Office olong with form country) Baltimore. WIDOWED X DIVORCED [Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR be executed within 24 hours after death during most of working life, even if retired) give Parrison Point Rd. Essex (21) Home WITH 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Maryland COUNTY Baltimore Essex (21 76 Barrison Point Rd. YES NO X Item 1 lond 2 ofter IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Last Lost Karl Starka Annie Planner pages 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO **ADDRESS** pencil (Yes, no, or unknown) (If yes give war or dates of service) 214 54 4548 Elizabeth Skarda Same APPROXIMATE INTERVAL w'thin IB. CAUSE OF DEATH (Enter only one couse per in far (a), (b), and (c) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), This certificate should icate, writing the word DUE TO, OR AS A CONSEQUENCE OF státing the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAL RELATED TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTING TO DEATH BUT WALLELD TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTING TO DEATH BUT WALLELD TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTING TO DEATH BUT WALLELD TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTING TO DEATH BUT WALLELD TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTING TO DEATH BUT WALLELD TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTING TO DEATH BUT WALLELD TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTING TO DEATH BUT WALLELD TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTING TO DEATH BUT WALLELD TO THE TERMINA OLSCAPE ON CONDITIONS CONTRIBUTIONS CONTRIBUT 0 50 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 🗔 21a EXTERNAL CAUSE WAS 21b, TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) FUNERAL DIRECTOR: Poge 3 should PRIMARY OR CONTRIBUTING HOUR A M **EXAMINER:** CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF th. JRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy ... Inspection 7 and in my opinion the funeral director. deoth resulted from Noturo conses Accident Suicide . Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY DEPUTY MEDICAL EXAMINER S may TO FUNE Health NAME (Type) Theo. Patterson. M. D. 105 Main St. ADDRINGER No. No. 1222 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMAT ON. 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) Holly Hill Memorial Pk. raltimore Co. . Md. 250 REC D BY REG STRAR Mome 1407 Eastern Ave. Funeral 10M REV 1768



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fund of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers Pages Land 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV, 1/68

**O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours,

leoth.

00552

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00549

1. DECEASED-NAME (Type or print)	First EIMER		Middle B.	SAM	PSON		2a. DATE OF U	ARY	2 Doy	1988	2b. HOUR 9 : 00AM
3. SEX	The state of the s	4. RACE		S.	DATE OF BIRT	.н		6. AGE (In)	eors	IF UNDER I YEAR	IF UNDER 24 HRS
MALE		NEGF	10		12/21	./17		Spirthd	oy) M	ONTHS DAYS	HOURS MIN.
7a BIRTHPLACE (Stote	or fareign 7b.	CITIZEN OF WHAT CO	UNTRY?	8. MARRIED	NEVER MARR	EDX 9.	COUNTY OF				
country) MARYL	AND	U.S.A.		WIDOWED 🗍			BAL	TIMOR	E		Md.
10. CITY OR TOWN OF FORT HOW		11 NAME OF 9772 1737	HOSPITAL OR INS	IN. HOS	n hospitol PITAL		OCCUPATION (126 KIND OF I	BUSINESS OR
13a USUAL RESIDENCE						d INSIDE CITY LUNIT		EET AND NU		1	
admission) STATE AN	D	DORCHEST	ER 1/	CAMERI	DGE	YES NO	608	ROBB	INS ST	TREET	
14. FATHER'S NAME	First	Middle	Last		NOTHER'S MAI	DEN NAME Firs			Middle		Last
P	AUL		SAMPSO			HAT	TIE			BOUF	ROUGHS
Yes, po or unknown		1	OCIAL SECURITY N			aranana aranana	TAH		ddress	n Mn.	
					I TOVE I	LECORUDO	y vait,	P.L.	IONALL	71114	200
		ne couse per line far			ABSCES	SFS &	FISTUL	AE		5 MON	NSET AND CEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PART I DEATH WAS CAUSED BY: MULTIPLE ABDOMINAL ABSCESSES & FISTULAE										7	
Conditions, if ony, which gave) PERFORATION OF CARCITY										5 MON	VIHS
nse to immed o	nse to immed ate cause (a), (b) I I I I I I I I I I I I I I I I I I I										
storing the outgerfully roose										UNKNO	NWC
PART 2 OTHER S	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a)										
= /	/										
19a DATE OF OPE	RATION 196 CON	IDITION FOR WHICH OP	ERATION WAS PER	FORMED	20g. AUTOP:	Y?			INDINGS CON	ISIDERED IN CE	RTIFYING
THE					YES 🗌	NO 🔳	CAUSES	OF DEATH?			
	VAS UNDERLYING	215 TIME OF INJUR		21c HOW	INJURY OCCU	RRED (Enter n	noture of injury	ın Port I c	r Port 2, Ite	ım 18.)	
	medical examiner)	P.M.	nth Day Year 19								
	URRED 21e. PLA	CE OF INJURY (AT HO)	ME, FARM, STREET, FACT BUILDING, ETC.	ORY.) 21f LOCA	TION Street	ar R.F.D. No	City o	or Town		County	Stote
While Not w	ork —										
22a. I certify	r that #) (this i	naspital) attended	the decease	d from DE	C 29	, 19.67	, ta	AN 2	1, 19_6	<u>58</u> , that	(We) last
saw the	deceased alive tated abave X i	(we) (did) (did)	od view the b	y <u> </u>	nar in (my ath.	i (aur) apini	lan death a	ccurred o	n the date	e and hour o	and from the
22b. SIGNATURE		, , ,	7							ITE SIGNED	
	Co	len	Juva	DEGREE	ATTENDING PHYS	☐ MED	D. ECTOR	STAFF PHYS.	I 1/3	21/68	
22d. PHYSICIAN'S NAME (Type		V. JUVAN			22e. ADDR VAI		HOWARD	, MD.			
23g BURIAL, CREMATI	ON, 23b. DAT	E	23c. NAME OF C	EMETERY OR CR	FMATORY		23d LOCATION	(City or To	wn)	(County)	(Stote)
REMOVAL SPACE		/26/68	EA	ST NEW	MARKE					AND DO	R. MD.
24 FUNERAL DIRECTO	R		ADDRESS			Sa REC'D BY	REGISTRAR	2Sb. RE	GISTRAR'S SI	GNATURE	AJR.
HERBERT M	. SINCLA	IR JR CA	MBRIDGE	. MD .		DATE JAIN	3.0 19	166	fillos	Land Jane	0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

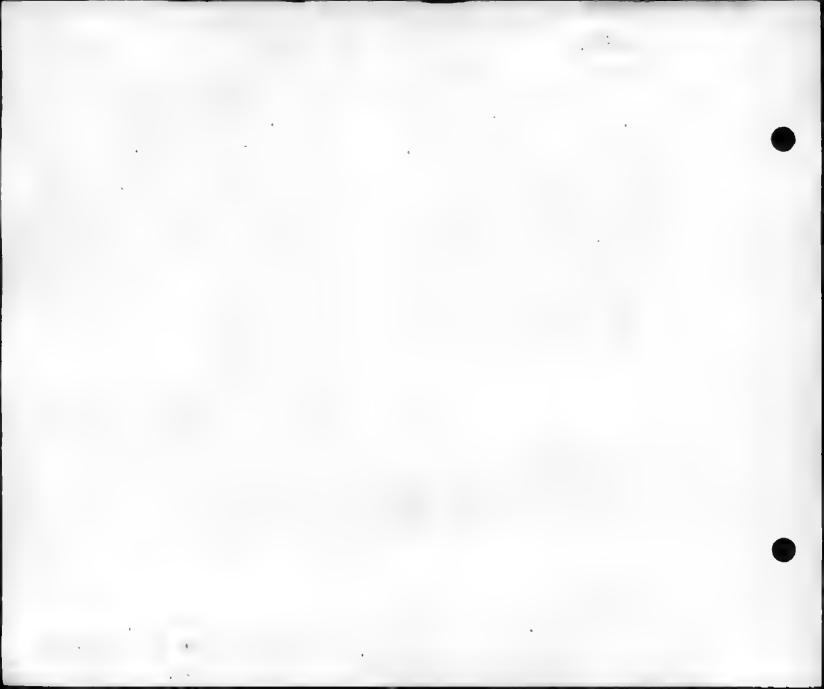
00554

CERTIFICATE OF DEATH

00551

7.2								
ond ond deoth	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution Resider						
5-3/	O COUNTY Saltimore MARYLAND	o STATE varyland b. COUNTY La	ltimore					
ने हें द	b CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and giv	re nearest fown)					
Ser	write RURAL and give negrest town) Batto. 21234 ('nesville)	Balto. 21234 (Baynesvil	le)					
神器	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	e IS RES DENCE ON A FARM?					
illed in order	1708 A 'Len Ketit- Keith Blvl.	170% A Len Keith Ilvd.	YES NO E					
etely f arbon nt, with	R. NAME OF First Middle DECEASED (Type or pnnt) Ruth Enson Sar	nta Lost 4 DATE OF DEATH Ganuary 7,	Doy Year					
comp move c ny eve	Female 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	8 DATE OF BIRTH Pecember 27, 19 4 lost brithdoy) Months Months	Doys Hours Min					
ion ond ase rei	00 USUAL OCCUPATION (Give kind of work done uring most of working Me, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY / CAURE HOME	11. BIRTHPLACE (County & State or Foreign country) 12 CI (Country & State or Foreign country)	ITIZEN OF WHAT					
ysic ple ple jl, o	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
ph hen nove	Howard Enson	Johana Wiley						
ottending physicion and completely formit. Then please remove carbon on, or removal, and in any event, with	(Yes no prunknoun) Iff we give war or dater of service)	17. INFORMANT Address Family records						
by the ottencronsit permit	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	tied descre cont	INTERVAL BETWEEN ONSET AND DEATH					
signed by the offendin burial-transit permit. burial, cremation, or re	Conditions, if ony, which gove) DUE TO metrue item one	of mitro un / frama	1952					
	rise to immediate couse (a), stating the underlying couse (c)	melfren.	1960					
icate has been for use os the Heolth prior to	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							
	OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AND FAMILIES OF C	RED (Enter nature of injury in Port I ar Port II of item 18)						
CTOR: After this certical should be detached into the State Dept. of		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	ounty) (Stote)					
After be Stot	21 I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	n years , 1960, to com 15, 190						
# # # # # # # # # # # # # # # # # # #		that death accurred atM, from causes and an t	he date stated above					
ECTOR: /	220 SIGNATURE	ATTENDING MED STAFF	ATE SIGNED					
AL DIR poge 3	220 PHYSICIAN'S	M.D PHYS.						
RAL Po	NAME (Type)	ZZU. ADDRESS						
O FUNERAL DIRECTOR: director, page 3 should be filed with the	30 BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	Y OR (REMATORY 23d LOCATION (Gry or Town)	(County) (Stote)					
5 5 5	REMOVAL (Specify) Gan. 10, 1968 preland we	emorial ank lankville, ud.						
/R A15 (4)	24. FUNERAL DIRECTOR John wars Sons, To son, Md.	2So REC'D BY REGISTRAR 25b REGISTRAR S	IGNATURE					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hasoital or attendion physician



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral, director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon popers. Pages 4-and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or remayal, and in any event, within 72 hours offer death.

TO MOSMITAL OF ATTENDING PHYRICIAN: The law requires that the lienth certificate by executed within 24 hours

Page 4 may be retained by the hospital or attemding physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06555	DIVISION OF VITAL RECORDS,	301 W. PRE	STON STREET, BALTII	MORE, MARYLAND 212	01	7 / 43				
	10000	(CERTIFICA	TE OF DEATH		UU.	552				
	ECEASED-NAME First Type or print)	ray Kaltin	Sap	last pungton	2a. DATE OF DEATH Month	Day Sear	2b HOUR 1245 N				
3 \$1	m	4 RACE	Š	DATE OF BIRTH	6. AGE (In year last birthday)		IF JNDER 24 HRS HOURS MIN,				
COU	ntry Back. md	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED	DIVORCED	COUNTY OF DEATH B	alto.	Md				
	Baltmore	11 NAME OF HOSPITAL OR INS give street oddress);	Medica	Center during mo	L OCCUPATION (Kind of work is st of warking life even if retin	red) INDUSTRY	BUSINESS OR				
odm	issian) STATE M.d.	d lived, if institution. Residence before 13b. COUNTY	13c CITY OR TO	YES PANO	1 2905 Chu	rch Rd.	2/234				
	FATHER'S NAME First CL'QCTC 7 WAS DECEASED EVER IN U.S. ARM	Middle Lost Lost Sarp FD FORCES? 16b. SOCIAL SECURITY N	entire	NOTHER'S MAIDEN NAME FI	arer	J Sch	last,				
	Yes, no, at unknown) (If yes give we	er or dates of service) 2 12-01-		Patie	int's History		diare myraga				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave nee to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)										
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO 54 CAUSES OF DEATH?						ERTIFYING				
MEDICAL CERT	27 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	art 2, Item 18.)									
ME	at wark ot wark	PLACE OF INJURY (AT MOME FARM, STREET FAC OFFICE BUILDING, ETC.			City ar Tawn	County	State				
	saw the deceased by couses stated above	s haspital) attended the decease ive on day a l , (1) (we) (did) (did not) view the	ا 9 <u>4 5</u> , and 1	hot in (my) (aur) apır	ian death occurred on the	, 19.6.28 , tha he date and hour 22c. DATE SIGNED	t (I) (we) los and fram the				
	22b. SIGNATURE	DEGREE PHYS									
	22d. PHYSICIAN'S NAME (Type)	Jorge N. Flores,			Baltimore Ma						
			CEMETERY OR CE	emetery	Parkvill	e, Md,	(State)				
24.	FUNERAL DIRECTOR C. F. Evans &	F Son 8802 Harf		25a. REC'D BY		TRAR'S SIGNATURE	udge.				



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00553 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME First 20 DATE KNOWN 2b HOUR (Type or Print) ESTI-DEATH MATED 4. RACE IF JHDER 24 HRS AGE (In years 2c. DATE PRONOUNCED DEAD 3 SEX 2d HOUR lest birthday) 8/20/2 Jd n 7a. 81RTHP_ACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED / DIVORCED [T] 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital farwarded to the Chief Medical Examiner's Office along with during most of working ife, even if retired) deceased lived if institution. Residence before 13c. CITY OR TOWN 13d. INSIDE CTY LUMITS? 13e. STREET AND NUMBER Catono velle YES 🔲 NO 🔯 land 2 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME haurs penci (Yes, na, or unknown) 2014560 APPROXIMATE INTERVAL event within 18 CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (c) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditions, if any, which gave rise to immediate cause (a), shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 9 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) certificate O GIS ar removal, nsed 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO 🗆 21a EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M crematian, **EXAMINER:** CAUSE OF DEATH 21d INJURY OCCURRED 21e P.ACE OF INJURY (At name, farm, street, 21f LOCATION Street or R F D Na. City or Tawn County State factory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection (X) Inquiry and in my apinian Natural causes Accident . Suicide death resulted from. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY EXAMINER'S Health ADDRESS(Street, city, tawn, or county) 50 23d BUR AL, CREMAT ON 23h DATE 23d, LOCATION (City or Town) REMOVAL (Speafy) 2Sq REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE Thoules Judge

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

1, 2, and 3 to ny deloy is **O DEPUTY DICAL EXAMINER:** This certificote should be executed within 24 hours ofter death necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Paginthe funeral arrector. Page 4 should be forworded to the Chief Medical Examiner's Office along with 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bur of-transit permit. File pages lond 2 with the State Dep Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00557

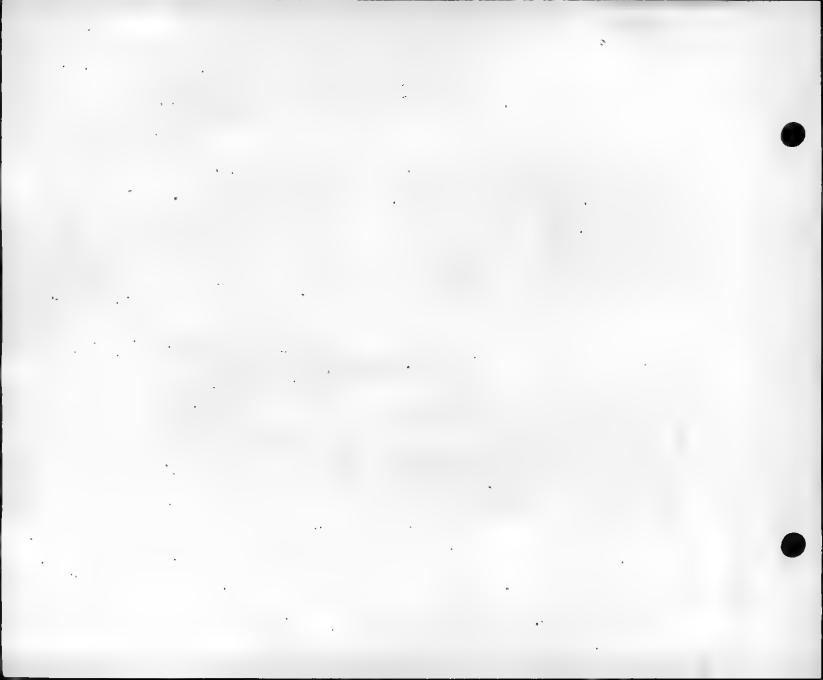
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00554

		CEASED NAME First M ddle Last 2a DATE KNOWN Month Day Year 2b HOUR OF ESTI- DEATH MATED
	3 SE	ro'e life 1600 7, 1,41 why brind Days Hours Milk. Month Jon. Doy 20 Year 19 63 M
		IRTHP_ACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? B MARRIED ☐ 9. COUNTY OF DEATH TY) . PRINCED ☐ DIVORCED ☐ DIVORCED ☐ DIVORCED ☐ MILLIANDE MA
z `	~	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) 12 USUAL OCCUPATION (Kind af wark dane give street address) 13 USUAL OCCUPATION (Kind af wark dane in hospital give street address) 14 USUAL OCCUPATION (Kind af wark dane in hospital during mast of wark ng life, even if retired) 15 USUAL OCCUPATION (Kind af wark dane in hospital give street address)
4		USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER mission) STATE 12. 13b COUNTY 3. Lto. 2c. sonville YES 18 NO 2 220 LSVILLE 122
1	14 FA	WHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Vernon Sear!
		VAS DECEASED EVER IN U.S. ARMED FORCES? as, no, opunknown) (ill yes give wylrof codes of service) 15b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 17 INFORMANT ADDRESS 17 INFORMANT 17 INFORMANT 17 INFORMANT 17 INFORMANT 18 INF
		18. CAUSE OF DEATH (Enter only one cause per lip (A), (b) and (c) PART I DEATH WAS CAUSED BY: "MMEDIATE CAUSE (a) "DUE 10, OR AS A CONSEQUENCE OF Stating the underlying cause ast (c) DUE TO, OR AS CONSEQUENCE BY: (c) DUE TO, OR AS CONSEQUENCE BY: (c) DUE TO, OR AS CONSEQUENCE BY: (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART, 1(c) Colon 17 1/pm
1	DICAL CERTIFICA	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? Untructed Bullet Color. YES NO 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING TO HOURY Month, Day, Year HOUR A.M. Day 1968 CAUSE OF DEATH 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AND AND WHILE AT WORK AND WHILE AT WORK AND AND WHILE AND AND WHILE AN
	230	death resulted from: Notural coures Accident , Suipide Accident , Undetermined manner . ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER
		REMOVAL (Specify) Jan. 30, 1768 (1
		mare JAN 30 1968 10 20 100 100 100 100 100 100 100 100 1

VR A15ME (5) 10M REV 1/68

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours offer

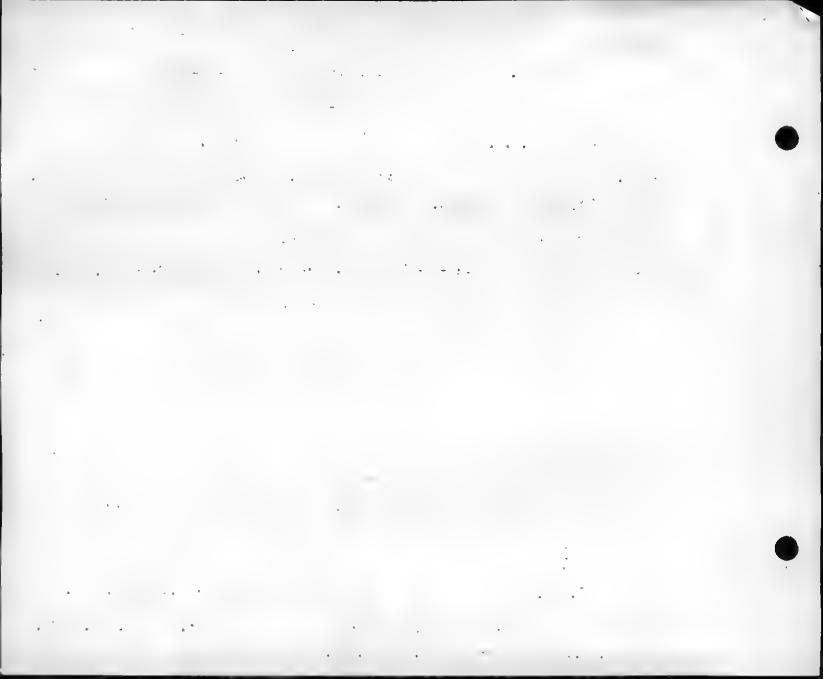
VR A15 (A) 30M REV. 1786

TO NOSPITAL OR ATTINITIES PHYSICIAN: The four requires that the seath certificate by executed within 24 hours offer

llage I may be retain∎d by the hospital in attending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0055	33	CERT	IFICATE OF	DEATH		0.0	555			
DECEASED-NAM (Type or print)	E First	Middle S	lost chaoffer	20	1-16-680nth	Doy Yeor	2b. HOUR 6.32/1. N			
3. SEX M	4 RACE		S. DATE OF E		6. AGE (In year last birthdoy)	YRS. IF UNDER 1 YE.	AR IF UNDER 24 HRS AYS HOURS MIN.			
	yland U.S.A.	WIDO		RCED B	unty of death		Md			
10 CITY OR TOWN Balto 130 USUAL RESID		AME OF HOSPITAL OR INSTITUTION Street oddress) Summit	Nursing	H during most of Ret	CUPATION (Kind of work working life, even if retained Helper 13e STREET AND NUMBE	red) INDUSTR	OF BUSINESS OR Y			
admission) STAT	Maryland 13b. COUNTY	- 11	alto.	YES NO NO NAME First	5004 Westh		lost			
	am Schaffer	2031		Schaffer	mu	O14	2031			
160 WAS DECEAS	ED EVER IN U.S. ARMED FORCES? (nown) (If yes give war at dates of service)	166. SOCIAL SECURITY NO. 219-12-9946A	17. INFORMANT		Addr hmidt, Jr.,	THE P. WAS	thills Ro			
Conditions,	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) .									
TIFICA	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20G AUTOPSY? YES NO CAUSES OF DEATH?						CONSIDERED IN CERTIFYING			
S ☐ OR CONTRI	ENT WAS UNDERLYING BUTING CAUSE OF DEATH OUTIFY medical examiner) ENTYME O HOUR A.M P.M	Month Day Year			ire of injury in Port 1 or P	ort 2, Item 18)				
While at work	Y OCCURRED 21e. PLACE OF INJURY Not while of work				City or Town	County	Stote			
saw	22a. I certify that (1) (this haspital) attended the deceased from									
226 SIGNATURE ALLOW THE DEGREE PHYS MED DIRECTOR PHYS. 22c. DATE SI										
22d. PHYSTO MAME	(Type) J. Nelson McH			14 Edmond	son Ave., B					
230. BURIAL, CRE REMOVAL (S Buria	pecify) 1-19-64		Park		Balto.	Balto.	Md.			
24 FUNERAL DIR Witzke	F. D.,4101 Edmond	abbress dson Ave.,Balt	21229 to.,Md.	DATE JAN	L 7 1968 2	TRARS SIGNATURE				



1		16550 - MARYLAND STATE DEPARTMENT OF HEALTH
	1	Them 2a Film G390 Accords of Alabarance Centuricate of Death
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEP	Ţ.	1. DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 26 HOU (Type or Print)
ay 15 3 to Page	9	(Type of Print) Chizoppth Doxxis Schenck, Death Mated 1 5 168
delay and 3 13. Pag		3 SEX 4. RACE US DATE OF BIRTH 6 AGE (In years IF JADER) YEAR IF JADER 24 HRS 20 DATE PRONOUNCED DEAD 2d HOU
and M3.	_	Ferman counties Davis Hours Milk Month Day Year 19
2 2 2	· `.	70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
or y de form P.M3.		(ountry) Perchande U.S. WIDOWED DIVORCED Betimare
Give Pagilist Stop	~/	0. CITY OR TOWN OF DEATH V 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
after deoth 8 Give Pagi along with with the Sta	/	give street oddress) hard Hardela during most of working life, evenly testired) INDUSTRY
ofter 3 Give along with 4	Ė	30 USJAL RESIDENCE (Where deceosed 1 ved, if institution: Residence before 13c (ITY) OR TOWN 13d. MISDE CITY JUM 157 13e. STREET AND NUMBER
_ × = ± × =	georn.	admission) STATE Treasular Jab COUNTY
14 heers after de lin Item 18 Groe Fris Office along with the stand 2 with the	aller Z	4. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
10 S O S	alle 3	Moss Kenneth Schenek Bloom Com M.
hin 14 nal in niner's pages	nours	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 1.7 INFORMANT ADDRESS
within a pencil in Examiner File pages		(Yes, no, or unknown) (If yes give war or dates of service)
		18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c))
ahould be exacuted to word "pending" in to the Chief Medicol Ebunol-transit permit	event within	PART I DEATH WAS CAUSED BY
Med Med	× =	DUE TO, OR AS A CONSEQUENCE OF
d be exacuted "pending" Chief Medico transit permit	Yer	Conditions, if ony, which gove
	ony e	rise to immediate couse (a), (b) stoling the underlying couse DLE TO, OR AS A CONSEQUENCE OF
the word to the Cl burnol-tru	0	lost. G-74 V
the to to but	= D	PART 2 OTHER SIGNIFICANT COND JIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
nis certificate in ite, writing the farwarded to be used as a bi	, 0	Destroy to the solution of the
certifi writti arware used o	000	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
e, w farv	bu l	190 DATE OF OPERATION 190 COND T ON FOR WHICH OPERATION 200 AUTOPSY? WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part 2, Hern 18)
	10	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hem 18)
ine certific should b files.		
Sho e ce	aTic	PRIMARY TOR CONTRIBUTING HOURANT TO 1965 Hours Selt with Bolton Dor Knob 21d INJURY OCCURRED 21e BLACE OF INJURY (At nome, form, street, 21d LOCATION Street or R.F.D. No City or Town County Stole
EXAMINER: cute the cert oge 4 should r your files.	cremation,	MANUE NOT WHILE DOOT WHILE TOCTORY OF CO BURINGS AT WORK DAT WORK
0.500		
Exe exe or P for S for	Duridi	22a. I certify that I took charge of the remains described above, held an Valtapsy Inspection in inquiry on and in my opinion
se ecto	0	death resulted fram Natural causes Accident , Suicide , Homicide , Undetermined manner
plec dir dir	10	ACTUAL CHIEF MEDICAL EXAMINER (220 DATE SIGNED /
TY, ry, erolle be	prior	SIGNATURE MO ASSISTANT MEDICAL CAMPITCA
DEPUTY ecessory, please ne funeral direct may be retained FUNERAL DIREC		EXAMINER'S NAME (Type) Charles F. O'Donnell, 11.D. Deputy Medical Examiner - 1/3/88 ADDRESS(Street, city town, or county)
necessory, the funera 5 may be 10 FUNERA		
1	1	230 BURNA (REMATION, 23b DATE) 23c NAME OF CEMETERY OR CREMATORY (Stote)
(-)	M	24 FUNERA, DIRECTOR ADDRESS 250 REGISTRAR 256 REGISTRAR SIGNATURE
VR A15ME		DATE JAN 10 1968 Actiontes Junge
10M REV 176	58	UAIL TO THE TO T



MARYLAND STATE DEPARTMENT OF HEALTH

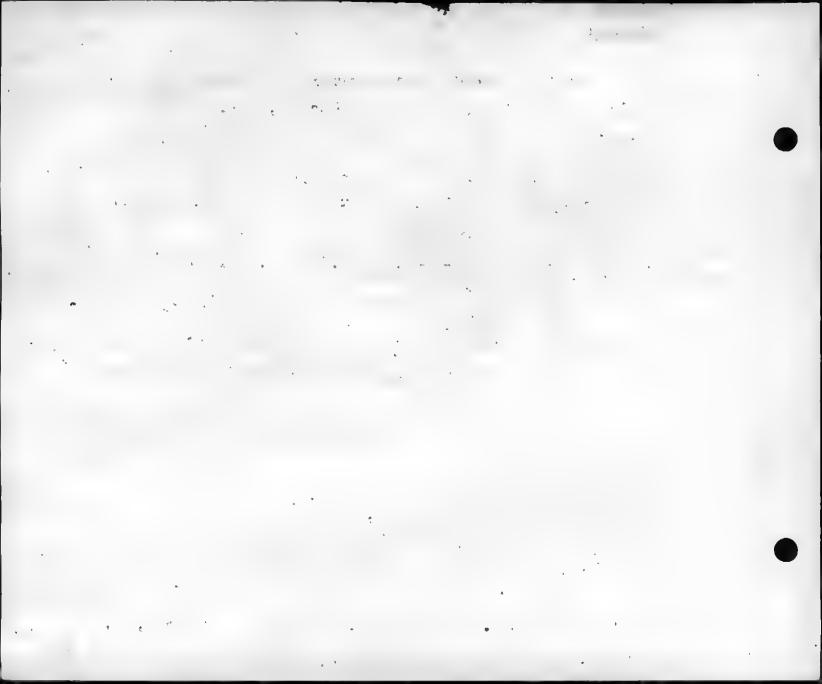
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			,	CKIILI	CATE OF DEA	IП			OUS) (
1. DECEASED-NAME	First		Middle		Lost	20	DATE OF DEATH			2b. HO	UR
(Type ar print) G	eorge	Conra	ad So	hlud	erhere	Ja	anuary	5 Doy	1968		
3. SEX		4. RACE			5 DATE OF BIRTH		6. AGE (In		IF UNDER 1 YEAR	IF UNDER 24	
Male		Cauc	•		April 19	, 1888	last-buthd	YRS.	MIDHIRS CH12	HOURS	MIN
7a, BIRTHPLACE (State or fo		b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED		NTY OF DEATH				
country) Marylan		USA		WIDOWED			Baltimor				M
10 CITY OR TOWN OF DEAT	H		E OF HOSPITAL OR INS				PATION (Kind of wa varking life, even if i		125 KIND OF INDUSTRY	BUSINESS O	R
Towson		St.	Joseph		OSDITAL				Boo	ORP.	
odmission) STATE Maryl	are deceosed	lived, if institut on 135 COUNTY Ba	Residence before	Balt	R TOWN 136. INSIO	NOZ	7115 Yo		ad		
14. FATHER'S NAME Fir		Middle	Last		IS. MOTHER'S MAIDEN N			Middle	D 1	Lost	
Hen	ry		chluderbe	40		Amel			Bake	r	
160. WAS DECEASED EVER II Yes na, ar unknawn) i 185	U.S. ARMED	FORCES?	66 SOCIAL SECURITY I	10 18 M	rs. arie	T. Sch	luderberg	ddress	(Same)	
18, CAUSE OF DEATH	(Enter only	one couse per line,	for (a), (b), and (c))		<u> </u>				IMATE INTERVAL DNSET AND GEAT	
PART I. DEATH W		CAUSE (o)	000	770	244 (1cc	1USIO	27	Sud	de	2
4100			CONSEQUENCE OF		2/ 0	1		,			
Conditions, if any, wh		(6)//	ene	Lak	end &	hole	Moscle	ole	- 10	71/C	د
	rise to Immediate cause (a). Stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF										
last.)	6_6	20110	ne	mal V	Uda	odrabl	11200	0-0		
PART 2. OTHER SIGNIF	ICANT CONDI	TIONS CONTRIBUTIN	IG TO DEATH BUT NO	T RELATED	TO THE TERMINAL DISEAS	E ORCONDITION	ON GIVEN IN PART 1(3)			
NO # :	/										
190. DATE OF OPERATIO	N 195. CO	NDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b IF YES, WERE F CAUSES OF DEATH?	IND!NGS CO	NSIDERED IN C	ERTIFYING	
RIGH					<u> </u>	10 □					
₹ . □ OR CONTRIBUTING □ C		HOUR A.M.	NJURY Month Doy Yeor	21c. l	IOW INJURY OCCURRED	(Enter nature	of injury in Port 1 c	ir Part 2, Ite	em 18.)		
(If either, natify medi	cal exominer) P.M.	19								
₹ 21d. INJURY OCCURRE While Not while	D 21e. PL	ACE OF INJURY (A)	T HOME FARM, STREET, FAC FFICE OLIEDING, ETC	10RY.) 21f. 1	OCATION Street ar R.f.	D. No.	City or Town		County	Stot	te
or wark or wark						10 × 61					
22a. I certify that saw the dec	t (I) (this	haspital) atten	ded the decense	ed from_	of that in (my) law	19 /	10	<u>5</u> , 19 <u>2</u>	, that	(1) (1)	la:
causes state	dabave, (1) (Deffdidffd	id nat view the	back after	nd that in (my) (au death.) ahinidii e	realn attorrea a	i ine date	e ana naor	ana Irain	1 111
22b SUSTINITURE	/		1	(no		115			ATE SYGNED	/_	
WMA	1//	51 CM	Break	DEG	REE PHYS	DIRECTOI	STAFF D] /	161	15	
22d. PHYSICIAN S NAME (Type)	Charle	s F. O'I	onnell	(22e. ADD RESS	7501 Y	ork Road			10	
23a BJRIAL, CREMATION,	23b. DA		23c. NAME OF	CEMETERY OI	R CREMATORY	23d	LOCATION (City or To	wn)	(County)	(State)	
BEMOVAL (Specify)		L/9/68.			r Cemetery		Baltimor			,/	
24. FUNERAL DIRECTOR			ADDRESS			EC'D BY REGI		GISTRAR'S S	GNATURE	4	
Leonard J.	Ruck	k Inc.	5305 Hat	rford	Rd. DATE	JAN	8 1968	rclian	reas you	age	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours after deathing TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (A) 30M REV 1/68



VI) 06561

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00558

		CEASED-NAME First Middle Lost 2a. DATE OF DEATH Year January 1
		Le Mary Konyada Schnalz 12 68 AM
	3 SE	last birthdoy) MONTH'S DAY'S HOURS MINI
	7. 5	JENERAL While 3-7-1888 79 YRS.
	70 B	Intry of the supported to the support of the suppor
	10.0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (K nd of work done 120 KMD OF BUSINESS OR
7	P	during most of working life, even if retired.) INDUSTRY
/ /	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CIPT OR TOWN 13d INSIDE CITY CHAITS? 13e STREET AND NUMBER
7		ssion) STATE Maryland Baltimore YES NO M Mon ain, Rd.
i	14. F	ATHERS NAME (First) Middle Lost to 15. MOTHER'S MAIDEN NAME First Middle Model
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address
	1	es, no, or unknown) (If yes give war or dates at service) 3/5-56-0320-II SR. M. Kathleen same
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)). APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Congestive heart failure
		DUE TO, OR AS A CONSEQUENCE OF
		Conditions, if any, which gave (b) Rednerary edon (b)
	Ш	stating the underlying couse Due TO, OR AS A CONSEQUENCY OF
		lost. (c)
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
	NO.	19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? , 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	CERTIFICATION	CAMPEC OF DEATHS
A	ERT!	YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.)
	N N	□ OR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Day Year
	MEDI	(If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
		While Not while \OFFICE BUILDING, ETC /
	Н	at wark at work 1 220. I certify that (I) (this haspital) attended the deceased from 12-1 - 1966, to 1-11, 1968, that (I) (we) last
		sow the deceased alive on 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
		couses stated above, (I) (we) (did) (did not) view the body ofter death.
		226. SIGNATURE 11
1		22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. 1-16-68
		NAME (Type) HENRY L. McCORKLE MD Proenix maryland 21131
()	23a	BURIAL CREMATION, 236 DATE 236-NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Form) (County) (Stote)
THE	Bo	REMOVAL (Specify) 1-15-68 SISTERS CEMETERY COLENDAM, BALTTMONE, MARYCAND
MI	24	MILINERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR SIGNATURE
18	1110	MANOS (11000) TOCARLETT DR 2 TOTAL ON 2 3 1968 FLIGHTY CHOP

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the functial director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and should be filed with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or ottending physician. 30M REV IX



MARYLAND STATE DEPARTMENT OF HEALTH 00562 IUDDO DE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them 6 Film G397 2/7/68 kk CERTIFICATE OF DEATH 00559 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR (Tyge or print) 6, AGE (In years IF LINDER , YEAR 3L SEX lost birthdoy) MONTHS DAYS HOURS requires that the deoth certificate be executed within 24 hours physicion and completely filled in by 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [12o. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working tife, even if retired) **INDUSTRY** the attending physicion and compresser, with permit. Then please remaye corban nc. 13e STREET AND NUMBER 130 USLAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. UNSIDE CITY LIMITS? odmissian) STATE 13b COUNTA burial, cremation, or removal, and in ony 1S. MOTHER S MAIDEN NAME First 14. FATHER'S NAME Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) [III yes give war or dates of service] 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY.

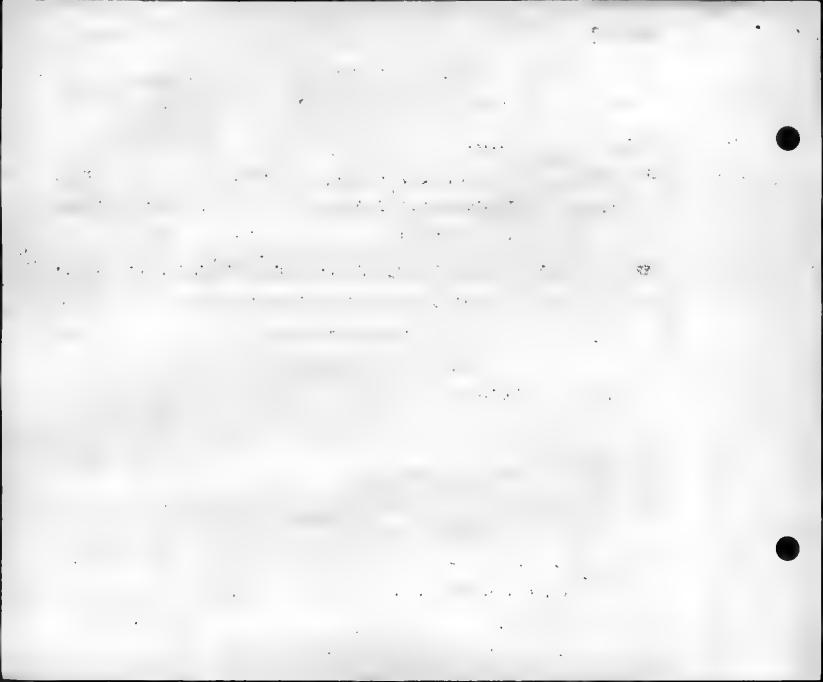
[MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) signed by the burial-transit p rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to os the has been 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO ['O FUNERAL DIRECTOR: After this certificate by the hospital or 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21b. TIME OF INJURY ģ OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. Dept. of (If either, natify medical exominer) detoched AT HOME FARM, STREET, FACTORY 1 21F LOCATION Street of R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from Sept. 1966, to Medical, 1967, that (I) (we) lost saw the deceased alive on 1968, and that 1969, and that in (my) (aur) opinion death occurred on the date and hour and from the be retained director, page 3 should should be filed with the causes stoted above. (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BUR.AL REMATION (Stote) 250, REC'D BY REGISTRAR FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68



00563

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	_	\ 1					AKTRICHT OF H				
•	1.4			00563	DIVISION OF VITAL RECORDS,			WORE, MARYLI		01.00	
)				110000		CERTIFICATE			() (0560	
4.	-7/=			CEASED-NAME First	Middle		ast	2a DATE OF DEA	TH Manth Day		. HOUR
Da	Leath death	1	(1)	/pe or print) MYE	R J.	SCHULMAN		J	ANUARY 11	Yegs 4:4	29/A _M
in in	事学事		3 SE		4 RACE	S. DA	TE OF BIRTH	6. /		FUNDER I YEAR IF JINE DNTHS DAYS HOUR	DER 24 HRS
6	by the funeral Pages Land	l		MALE	WHITE		12/9/91	- 10	st bythday) YRS.	DRIES DATS FROM	a min.
O	in by the fun irs. Pages 1- 2 hours offer		7a. B		6. CITIZEN OF WHAT COUNTRY?	8 MARRIED NE	VER MARRIED 8	. COUNTY OF DEA			
4 4 h	d in Sers. 72 h		coun	T YOU CE T A	U.S.A.	WIDOWED	DIVORCED [ORE COUNT		Md
ii.	on. by the attending physician ond completely filled is tronsit permit. Then please remove carbon poper cremation, or removal, ond in any event, within 72		10. €	TY OR TOWN OF DEATH EDGEN	IERE 11 NAME OF HOSPITAL OR IN	STITUTION (If not in b	ispital 12a USUAL	OCCUPATION (Kin		126. KIND OF BUSINI INDUSTRY	ESS OR
Mth	bon wit	1 3	-	OLL TOURTED	WEITERANS ADM.	HOSPTTAL	JEW	st of working life,		JOWET SHRY	STOR
pa	carl ent,		13a	USUAL RESIDENCE (Where deceased stan) STATE	lived, if institution: Residence before	13c, CITY OR TOWN	Luce - No		AND NUMBER		
ŧ	om ove	` [ugiai.	MARYLAND	BALTIMORE CITY	(BALTIMO	DRE YES NO	4905 P	ENNINGTON	AVENUE	
exe	ond (reminion)		14. F	ATHER'S NAME First	Middle Last		HER'S MAIDEN NAME FIR		Mradle	Los	st
þe	n o din			AUSER	N. SCHULMAI				SUNDEL		
cate	physician ien please oval, ond i			WAS DECEASED EVER IN U.S. ARMED	or dates of service)	IMKS.	TARRIET FL	EISHMAN,	1248essAND	OVER RD.	N.C.
Ŧ.	phy en p		_	YES WW I	216 32 85	79 AKKN	CREGORDAXX	XXXXXXXXX	RTXXXXXXX	APPROX MATE IN	KLUITI
9	em Ha			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	ane cause per line for (a), (b), and (c)	.)				BETWEEN ONSET AN	ID DEATH
10	attending permit. The ion, or remo			MARTIL DEATH WAS CAUSED I	BY. ACUTE CARD	IO-RESPIR	YTORY INSUF	FICIENCY	<u></u>	9 HOURS	
9	att peri	- 1		1. 1	DUE TO, OR AS A CONSEQUENCE OF						
± ±	the sit p			Conditions, if any, which gave a rise to immediate cause (a),	(b) PULMONARY 1		3, RIGHT			4 YEARS	
the	on. by fron			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF						
ires	physicio signed buriol-ti buriol, c			last.	(c) FIBRO SARCO						
requires that the dmoth certificate be executed within 24 hours after Meath	ng pra		z		ITIONS CONTRIBUTING TO DEATH BUT N		FERMINAL DISEASE OR CO	INDITION GIVEN IN	PART 1(q)		
<u>6</u>	rending as been as the prior to l		CERTIFICATION	19a DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20	o. AUTOPSY?		WERE FINDINGS CON	SIDERED IN CERTIFY	ING
The	se c	Х	TER				YES NO	CAUSES OF	DEATH?		
ż	al or or ficate ho for use Heolth			21a. ACCIDENT WAS UNDERLYING			URY OCCURRED (Enter	nature of injury in	Part 1 or Part 2, Ite	m 18.)	
_ 5			MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year r) P.M.	9					
PHYSICIAN	the hospi this certi detoched e Dept. o			21d MJJORY OCCURRED 21e. Pl While Not while at work	LACE OF INJURY (AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.	CTORY.) 21f LOCATIO	N Street or R.F.D. No.	City or T	gwn	County	State
S.	by th fter t be di Stote			22a. I certify that (XXX)his	haspital) attended the deceas	ed from 12	26/67, 19_		/68 . 19	, that (4) (we) last
ATTENDIN	5 4 5 0			saw the deceased aliv	haspital) attended the decease	19, and tha	t (rÞ(Þa)K) (aur) apin	ian death accu	rred an the date	and haur and	ram the
E	Social than the state of the st				(tt) (we) (did) (did) (trad) (view the	bady after death			90 PA	TE CLOSUED	
OR A	be reraine DIRECTOR: 3e 3 should led with the			22b. SIGNATURE	Som		ATTENDING ME	D. ST RECTOR PH	AFF X	TE SIGNED -/11/68	
			Н	22d. PHYSICIAN S	-		22e. ADDRESS			1	
HOSFITAL	FER Or, or, db.	1		NAME (Typé) KRISHN	A V. S. RAO, M. 1				MARYLAND)	
	Poge 4 moy O FUNERAL director, pog		23a	BURIAL, CREMATION, 23b DA		CEMETERY OR CREM	ATORY	23d. LOCATION (C			ate)
<u></u>	2 2 2				14-68 BNAT	ISRAEL		BALTIMO	RE, MARYI		
2	VR ANGE			FUNERAL DIRECTOR	SOL LEVINS	NEBROTHE	RS FUNERAL	REGISTRAR AHOME: - 42	25b. REGISTRAR S SI	GNATURE	100
	30M"REV, 1/	68	1	ATA DETCTEDCTAN	ואו פח		TOATE JA	TIVE TO BE	שמו אייי	my Carl And	750

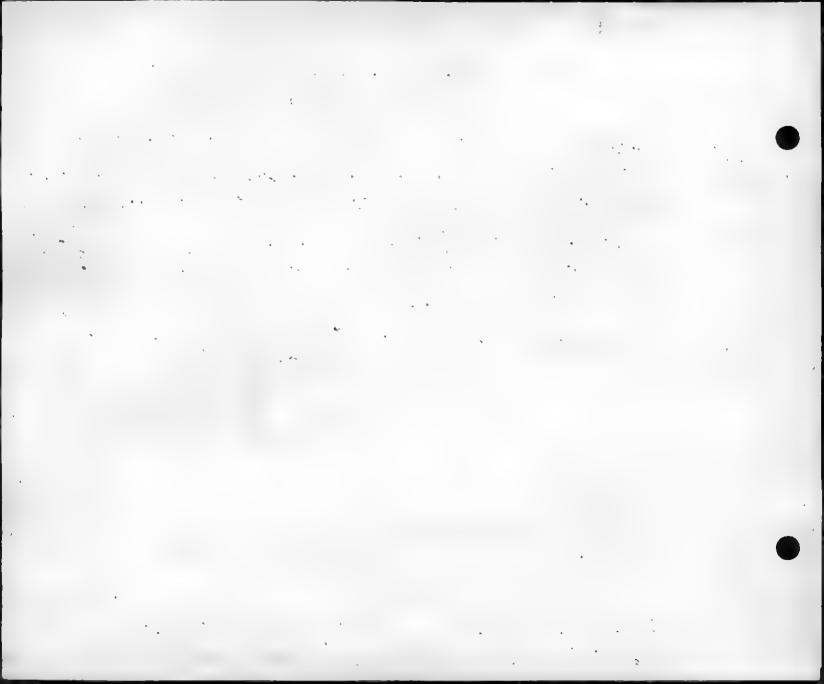


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00561 00564 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle 2b. HOUR 24 haurs after death Frederick Schuster 1 6 Manth 20 Doy 21 Year 68 (Type or print) George 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER LYEAR hite Male 6-3-91 7a. BIRTHPLACE (State as foreign, 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED \[\] NEVER MARRIED \[\] Balti .ore County DIVORCED ! WIDOWED-T-T 10 CITY OR TOWN OF DEATH I I NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done Randallstwon during most of working life even if retired.) Co. G. n. Hosp. 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN - 13e. STREET AND NUMBER requires that the death certificate be executed 13b COUNTY 8108 Streemwood Dr. lto. 14. FATHER'S NAME IS. MOTHER'S MA DEN NAME_First 17 INFORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ulmonary IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise to immediate couse (a), stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION CAUSES OF DEATH? YES [NO [216. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING FT CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work causes stated above, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED MELO (47) DEGREE 1-20-68 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) CERVGRA, M.D. 23c. NAME OF CEMETERY OR CREMATORY (State)

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68

24 FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06565 00562 Two spelling of la CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH 2b. HOUR SCR IMGEOUR (Type or print) Archibald Scrymgeour Jan. :30PM 3 SEX 4. RACE S. DATE OF BIRTH F UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years last birthdoy) Male Cau Sept. 8, 1870 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED New York U.S.A. WIDOWED SC DIVORCED [Balto. requires that the death certificate be executed within 24 pa 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hosp-tal 2a USUAL OCCUPATION (Kind of work dane 126. KIND OF BUSINESS OR give street oddless)
Dulaney Towson Nursing Home NDUSTRY Plumbing the attending physician and cumprement is bermit. Then please remaye carban WIT Towson 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES -21212 6409 Murry Hill and in any 14. FATHER'S NAME Middle lost IS. MOTHER'S MAIDEN NAME First Lost Archibald Scrimgeour Sarah E. Fisher 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yeshno ar unknown) (H yes give war or dates of service) Mr. Archibald Scrymgeour, Same as # 13 082-14-0353 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O FUNERAL DIRECTOR: After this certificate has been as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🗆 use 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Ē OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21d MOORY OCCURRED 21e. PLACE OF INJURY (AT MOME FARM STREET, FACTORY) 21f LOCATION Street of R.F.D. No. City or Town County Stote White Not while at work be retained shauld couses stated above, (1) (we) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED. DIRECTOR director, page 3 should be filed v DEGREE 22d. PHYSICIAN'S 29th 5+ NAME (Type)

VR A15 [4] 30M REV 1/68 23o, BUR AL CREMATION

REMOVAL (Specify)
Burial

23b. DATE

24 FUNERAL DIRECTOR Wm. Cook-Brooks Towson, 25a. REC'D BY REGISTRAR 1050 York Road Towson, Maryland 21204 DATEJAN 23

23c. NAME OF CEMETERY OR CREMATORY

1968 Maple Grove Cemetery

Kew Gardens, New York 25b REGISTRAR'S SIGNATURE

Miller Can

(County)

(State)

23d. LOCATION (City or Town)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00566 00563 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Lost First 2g. DATE OF DEATH (Type or print) 1968 dea Leo SEABREASE Carroll signed by the ottending physicion ond completely filled in by the <u>face</u> buriol-transit permit. Then please remove carbon papers. Pages 1 buriol, cremotion, or removol, and in any event, within 72 hours after i 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In veors MONTHS DAYS HOURS White September 17. Male requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (ountry) Baltimore WIDOWED To DIVORCED [Maryland 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)
ST.JOSEPH HOSPITAL ID. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
Lerk (xpress Flace INDUSTRY Towson Express Figency 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before odnussian) STATE 13b COUNTY Battimore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmussian) STATE Mary Land Monkton YES 🗌 NO 😿 Monkton Rd. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Lost Krouse 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, ng (grynknown) (If yes give war or dates of service) arroll Seabrease 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) . Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Hypertensive arteriosclerotic heart disease rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to has been Pulmonary emphysema and fibrosis 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🔀 NO [T] be detached for use State Dept. of Heolth by the haspital ar O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Nat while of wark 22a. 1 certify that (this haspital) attended the deceased from 1/14/ , 19.68 , ta 1/26/ , 19.68 , that (K (we) last saw the deceased alive an 1/26/ 19.68 and that in (my) (aur) apinian death occurred on the date and haur and from the director, page 3 should should be filed with the be retoined causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. January 26, 1968 M.D DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN S Reynaldo Orjuela-Gomez M.D. 7620 York Rd., Towson, Md. 21204 NAME (Type) 23g. BURIAL CREMATION. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Moreland Memorial Baltimore.

Ruck Inc 5305 Harford Rd

VR A15 (8) 30M REV, 1/68

24. FUNERAL DIRECTOR

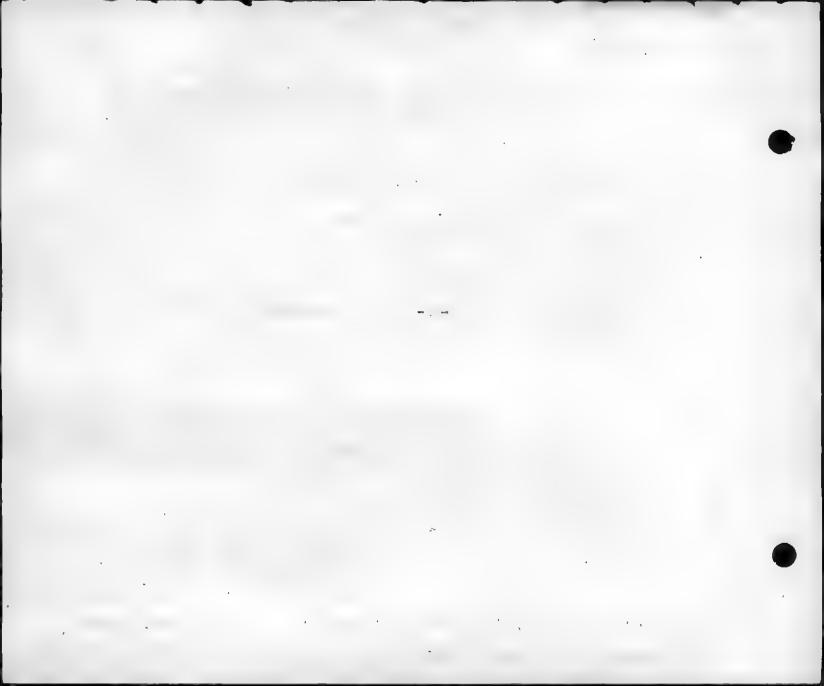


the temeral! TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM 1/65

	DIVISION OF STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND						
	00567 CERTIFICAT	E OF DEATH	0564						
1.	PLACE OF DEATH a. COUNTY BACTIMORIE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Res a. STATE b. COUNTY BALLAND	sidence before admission)						
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a							
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	O. IS RESIDENCE						
	1730 REOCAK RD,	1730 RED CAR RP,	ON A FARM?						
3.		Last 4. DATE Month OF DEATH	Day Year						
	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1							
	USUAL DCCUPATION (Give kind of workdone Ing most of working life, even if retired) HOVEWIFE	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	ALOYGIUS F. GOEDEKE	EIL ZARETH M. HEFR	ER						
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. s, no, or unknown) (If yes give war or dates of service)	INFORMANT William F Sebalddoress							
		BOCKOCOCOCO 1730 KE-110	oft.						
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF	FANCREAS	INTERVAL BETWEEN ONSET AND DEATH						
	157,9 DUE TO								
	Conditions, if any, which gave rise to immediate (b)								
-	cause (a), stating the DUE TO underlying cause last.								
20	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY						
FICATI	1000								
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part 1 or Part II of Item 18.)							
MEDICAL	2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor p.m. 19 at work at work	ICE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.)	ty) (State)						
	21. I certify that (I) (this hospital) attended the deceased from	196 / to VAN 19 6	that (I) (we) last						

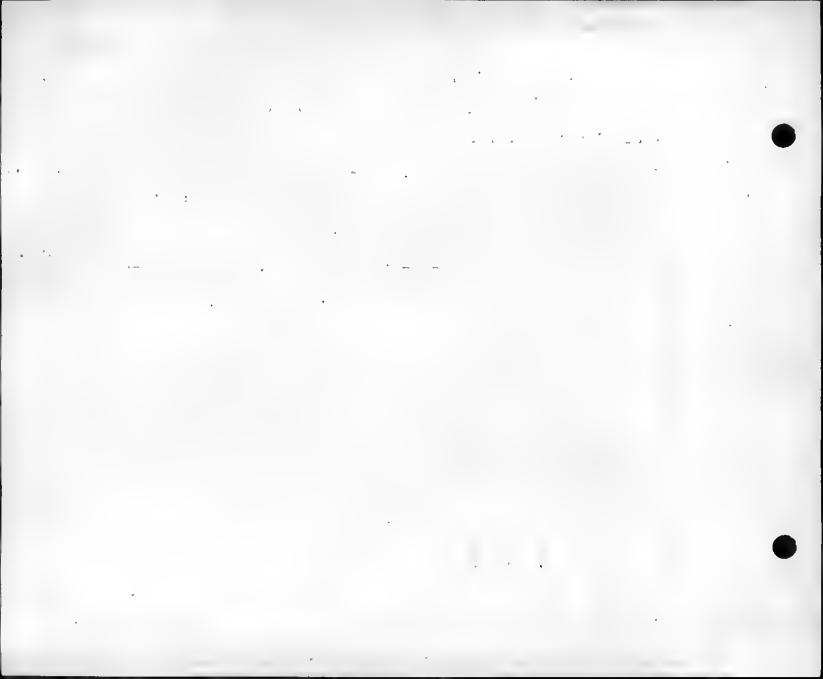
saw the deceased alive on FEC 19. 6. Z, and that death occurred at 12.32 M, from the causes and on the date stated above. SIGNATURE DATE SIGNED ATTENDING PHYS. MED. DIRECTOR PHYSICIAN'S NAME (Type) M.D. 22d. ADDRESS 22c. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 232. 23d. LOCATION (City, town or county) (State) REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAL JAN 15 1968 Allers Burial FUNERAL DIRECTOR Most Holy Redeemer 24. Leonard J Ruck Inc 5305 Harford Rd



SA		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items 13b,c, & Film G397 1/24/CERTIFICATE OF DEATH OCSOS
de d	1 D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) BLIZABETH S. B.H. SLY Or SCEBEHELYI Januar Month 8, 19968 Year 2b. HOUR
the to	3. SE	female white Feb.21,1881 (lost birthday) RS (MONTHS DAYS HOURS MIN.
24 haured in by	caut	BIRTHPLACE (State or fore.gn 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1111/1111/11111111111111111111111111
within 24 sithin 24 ban page, within 7		CITY OR TOWN OF DEATH One of Hospital Or INSTITUTION (If not in hospital during most of working life, even if retired) For rest Haven Mursing Home none
e executed with and campletely remove carban in any event, wit	oam	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13s CITY OR 10WN 13a INSIDE CITY LIMITS? 13e STREET AND NUMBER 3916 Dudley Ave Issian) STATE NO WINDOW 13b COUNTY AND STATE NO WINDOW 13b COUNTY
ste be excitan and ease rem		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Unknown WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO] IT INFORMANT Address
ertificat physici nen plen naval, an		(es, no, or unknown) (types give work or dates of service) none Mary E. Ranke, sister, 3916 Dudley Ave
requires that the death certificate be executed within 24 haurs after deal physician. signed by the attending physician and campletely filled in by the Toneca burial-transit permit. Then please remove carban pagers Pages I apa burial-transit permit. Then please remove carban pagers Pages I apa a burial, cremation, ar remayal, and in any event, within 72 haurs after day		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave only is to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
AN: The law requires all ar attending physicicate has been signed for use as the burial-Health prior ta burial,	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CONDITION OF CAUSES OF DEATH?
日は海が	MEDICAL CERTI	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19
FENDING PHYS ned by the host R: After this cel ruld be detache the State Dept.		21d INJURY OCCURRED While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from 19 8, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (wa) (didf(did not) view the body after death.
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld Shauld be filed with the		22d. PHYSICIAN'S NAME (Type) Dr. John Shaw DEGREE PHYS. ATTENDING DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR AVE.
TO HOSPITAL Page 4 may TO FUNERAL director, pag		BUR.AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Yown) (County) (Stote) REMOVAL (Specify) 1/10/68 Ioly Redeemer Cem. Baltimore, Ma.
VR ATE W	24.	FUNERAL DIRECTOR Schimunek Funeral Home, ADDRESS Schimunek Funeral Home, Inc. 250. RECTO BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00569 CERTIFICATE OF DEATH 00566DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR deoth signed by the attending physicion ond completely filled in by the funerby buriol-transit permit. Then please remove corbon popers. Pages I ond buriol, cremation, or removal, ond in any event, within 72 haurs after deof (Type or print) Virginia Shackelford Anna 68 11:05% OF UNDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years requires that the deoth certificate be executed within 24 hours after last birthday) 55 HOURS MONTHS Sept. 13, 1912 Female Cauc. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED country ennsylvania U.S.A. WIDOWED DIVORCED [Baltimore IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR give street oddress) Greater Balto., Med. Center Westinghous during most of working life, even if retired) Baltimore 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c/CITY OR TOWN 13d INSIDE CITY JIM TS? 13e STREET AND NUMBER 13b. COUNTY Route #1 Box 330 YES [harles Nanjemoy 14. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First Luther Zula Spinkle Huffman 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Nanjemoy, Md. Mes, no, or unknown) 217-05-1854 Arnold E. Shackelford-Husband 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carcinoma of floor of the mouth IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the lath be retained by the hospital or attending has been CERTIFICATION 190. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES T NO . Yes O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. No. State City or Town County While Not while at work at work -220. I **certify** that (I) (this hospital) attended the deceased from <u>Dec. 29</u>, 1967, to <u>Jan 10</u>, 19<u>68</u>, that (I) (we) lost sow the deceased alive an <u>Jan 10</u> 19 68, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. Jdirector, poge 3 DEGREE 1/10/68 PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 6701 N. Charles Street John E. Adams, M.D. 230 BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) BENOVAL (Sozity) 1968 Old Durham Cemetery Ironsides Maryland 24. FUNERAL DIRECTOR ADDRESS Arehart Funeral Home, Inc .- La Plata, Md.



00570

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the Mirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Ros should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

VR A15 (4) 3 30M REV 1/68

Roges

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00567

					CEKITE	AIE OF D	EAIN				
	EASED-NAME	First		Middle		Lost	2	a. DATE OF DEATH		V	2b. HOUR
(1Y)	pe or print)	lsie		M.		Shoul		Janua	ary 2	ı, 1968	11.RM
3. SEX			4 RACE			S. DATE OF BIRTH	1	6. AGE (1) last birt	n years	IF UNDER I YEAR MONTHS DAYS	BE UNDER 24 HRS HOURS MAN
	Female			rite		June 2	2, 1882	85	YRS.	נומט נחנחטייי	NOURS MIN
7o. BIR countr	RTHPLACE (State or fore	,	. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED	NEVER MARRIE	D 9. 6	OUNTY OF DEATH			
	Pennsylva	ania	U.S.A		WIDOWED					timore	Md.
	Y OR TOWN OF DEATH Cockeysvil		P846	ME OF HOSPITAL OR INS reet address) 5 Van Bur	en La.	,	during most o	CCUPATION (Kind of a of working life, even OSEWLTE		125 KIND OF INDUSTRY	BUSINESS OR
13a U: odmiss	SUAL RESIDENCE (Where	deceased zland	lived, if institution 13b COUNTY	on Residence before	13c. OTY OF	r TOWN 13d eysville ^Y	INSIDE CITY LIMITS?			on In	
14. FA1	THER'S NAME First		Middle	Lost		S MOTHER'S MAID		7013 10	Middle	cir na,	Last
	Geor	rge l	i. Marbl	e			Ellen	Weltv			
160. V	VAS DECEASED EVER IN	I S ARMED	FORCES?	16b. SOCIAL SECURITY I	NO. 17	INFORMANT	311011	истеу	Address		
Yes	, no, ocupknown)	l yes give war o	r dates of service)	214-03-77	95 1	Ars. Lei	la Chil	coat 9815	Van B	uren La	A. 21030
ri S Id	onditions, if ony, which ise to immediate cautating the underlying ast.	h gave) se (o),(CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS	S A CONSEQUENCE OF				sculer D		2	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	90. DATE OF OPERATION	19Ь. СОІ	NDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a AUTOPS	NO 🔲	20b IF YES, WERE CAUSES OF DEATH		ONSIDERED IN C	ERTIFYING
₹ [To. ACCIDENT WAS UN TOR CONTRIBUTING CAU If either, not fy medica	SE OF DEATH	216 TIME OF HOUR A.M. P.M.	INJURY Manth Day Year		OW INJURY OCCUR	RED (Enter no	ture of injury in Port 1	or Part 2, 1	tem 18.)	
a	21d. INJURY OCCURRED While Not while t work of work	J		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				City or Town		County	State
2	22a. I certify that (1) (the hospital) attended the deceased from June, 1956, to 1-21-, 1968, that (1) (we) last sow the deceased alive an 17-439, and that in (my) (owr) apinion death occurred an the date and hour and from the courses stated above, (1) (we) (did) (did not) view the body after death.										
	26 SIGNATURE	h >	2. XI	unn	FITDEG	(1)(9	MED.	TOR STAFF	220 0	ATE SIGNED 1 - 2 Z	-689
2	2d. PHYSICIAN'S NAME (Type) M.	Kevi	n Quinn	M.D.		22e. ADDRES	-	k Rd. Time	onium,	Md.	
23o E	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DA1	24/68	23c. NAME OF St. J		Man M-		3d LOCATION (City or Cockeysvi	77.	(County)	(State) Md.
	JNERAL DIRECTOR			ADDRESS		25	o. REC'D BY RI	EGISTRAR 2Sb. 2 6 1968	REGISTRATS	SIGNATURE ()	udgt:
Wm.	Cook-Broo	oks To	owson 10)50 York R	d. 212	204	ATE JAN	26 1968	#	100	0



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1968

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MONTHS T GAYS 2b. HOUR

IF UNDER 24 HRS.

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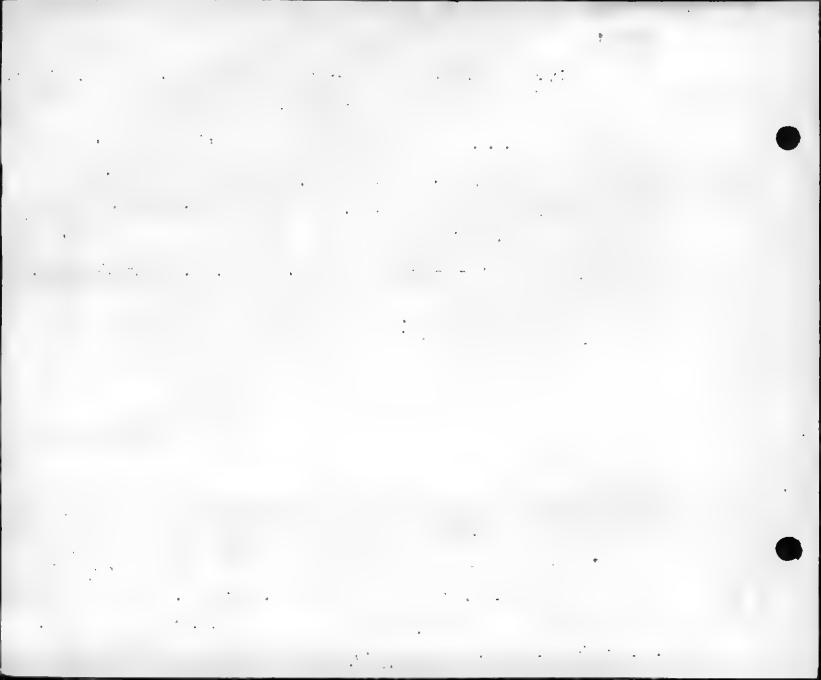
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Lost

BETWEEN ONSET AND DEATH

12b. KIND OF BUSINESS OR

1	DUE TO, OR AS A CONSEQUENCE OF										
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	stoting the underlying couse(DUE TO, OR AS A CONSEQUENCE OF										
П	lost. (t)										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)										
22											
CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?										
	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)										
MEDICAL	Contributing Cause of Geath HOUR A.M Month Doy Yeor If either, notify medical examiner) P.M. 19										
₽ B	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State										
	While Not while at work of work										
	22a. I certify that (I) (this haspital) attended the deceased from 1938, 19, to Jan 2, 1968, that (I) (we) last										
	saw the deceased glive an 1/2 19 6% and that in (my) (aur) appropriate accurred on the date and hour and from the										
	causes stated abave, (1) (we) (did) (did not) view the bady after death.										
	22b. SIGNATURE DEGREE ATTENDING MED DIRECTOR DIRECTOR PHYS. DIRECTOR DIPHYS. DIRECTOR DIPHYS.										
ı	22d. PHYSICIAN'S 22e. ADDRESS										
	NAME (Type) Francis M. Dugan 15 E. Biddle St.										
	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)										
	REMOVAL (Specify) 1/4/68 St. John's Westninster Md.										
24	FUNERAL DIRECTOR ADDRESS W. Jenkins & Sons Co. 4905 V v.k Rd. 21212 ADDRESS ADDR										
Ľ	. W. Jenkins & Sons Co. 4905 y vrk Rd. 21212 DALAN 8 1968 Scharles Jusque										



1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	13.5 () 14.5 () ()	569
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2g DATE KNOWNFV Manth Dov	Year 2b HOUR
~ 5 8 € 1	ROBERT LEE SIMMS OF ESTI- Jan 10	1968 M
Z, and 3 to PM3. Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IF JINDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d HOUR
ath ny delay ages 1, 2, and 3 th form PM3. Positive PM3. Positive PM3.	Male Negro 5-2-1930 37 YRS MONTHS OAYS HOURS ANN January 10,	19 68 2 PM
7, 2, 2, 3, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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after de 8. Give F alang w with the	Dundalk 513 Pittsburg Ave. FABOLET 3a USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	Beech of
D G ≥ 0 √	odmission) STATE Md 13b COUNTY Baltimore Dundalk YES NO 513 Pittsburg	
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thro notil namel page hau	160. WAS DECEASED EVER N U.S. ARMED FORCES? (Yes the or unknown) (If yes give war or dows of service) 242-38-4036 Mrs. Mildrdd Portee 218 Ches	tnut St.
d with the lear lear lear lear lear lear lear lea	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
re executed pending" in ef Medical E. nist permit. F	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic heart disease	ICHTECH BRIGET AND DENTH
be exe Tpendi Tuef Me ansit pe	TI OLY DUE TO, OR AS A CONSEQUENCE OF	
be hief	Candilians, if any, which gave use (a) (b) (b)	
ertificate shauld be eviting the ward "per rwarded to the Chief sed as a burial-transit laval, and n any ever	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she v he v ta ff buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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writh war war sed	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2	20 AUTOPSY?
this certificate, writing ate, writing the forward be used a be used a removal.	190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION WAS PERFORMED? 210 T ME OF INJURY Month, Day, Year 21c HOW (NJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 1B.)	YES 😿 NO 🗌
# _ 2 9	₹ PRIMARY □ OR CONTRIBUTING □ HOUR A.M	
CAMINER: te the certified 4 should rour files, age 3 shou cremation,		nty State
CAL EXAMINER: execute the certifor Page 4 should far your files. CTOR: Page 3 should the should far your files.	WHILE NOT WHILE AT WORK AT WORK AT WORK	
ICAL EXA execute for Page ed for you CTOR: Page	22a certify that taok charge of the remains described above, held an Autapsy X , Inspection Inquiry Inquir	and in my apinion
	death resulted fram. Natural causes 🕱, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🗍	
please e I directo retained L DIRECT ior to bu	ACTUAL CL LS 1 CHIEF MED CAL EXAMINER ()	
	SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	
o DEPUTY necessary, pleas the functal direct may be retain DEUNERAL DIR Health prior to	EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER January ADDRESS(Street, city, town, or county)	11, 1968
TO DEPL necesso the fun 5 may 10 FUNE Health	230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City or Town] (Country)	y) (State)
_		Carolina
VR A15ME (5,	MORTON & DYETT F.H. 1701 Laurens St. DATE JO., 15 1968	
10M REV 1768	MORTON & DYETT F.H. 1701 Laurens St. DATE JO. 15 1968	9 0



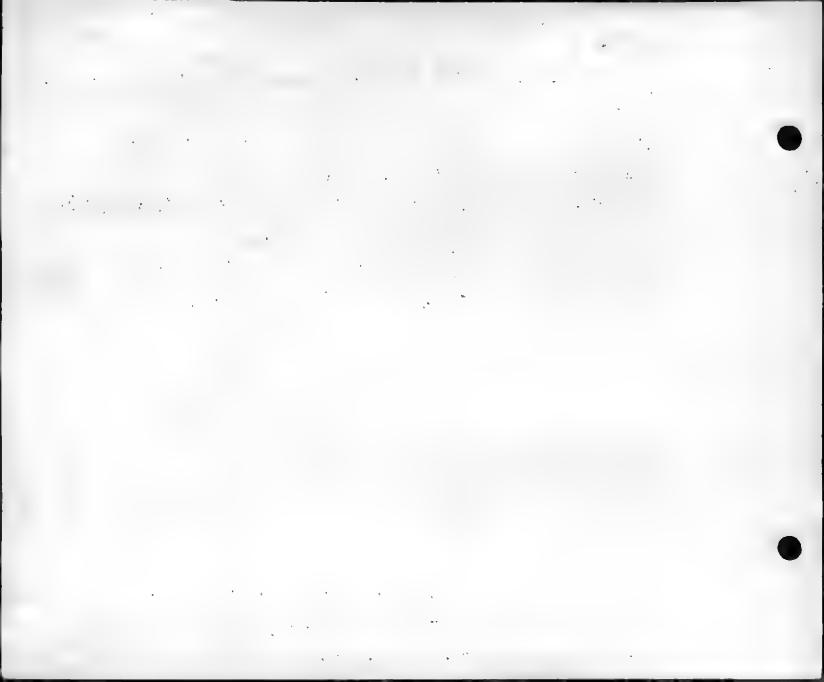
MARYLAND STATE DEPARTMENT OF HEALTH 3 Item#3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00570 FilmGh09 1/30/69 km CERTIFICATE OF DEATH DECEASED NAME First 20 DATE OF DEATH 2b. HOUR physician and completely filled in by the funbcolrequires that the death certificate be executed within 24 hours after death. (Type or print) urs often 4. RACE 6 AGE (In years IF LINGER 1 YEAR 1F UNDER 24 HRS. 3. SEX S DAKE OF BIRTH ios birthdoy) MONTHS DAYS HOURS YRS. 9. COUNTY OF DEATH 75. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED cremation, or removol, and in any event, within 72 K WIDOWED DIVORCED 10 11 NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUALS DECUPATION, CUTY OR TOWN OF DEATH 125 KIND OF BUSINESS OR 130, USUAL RESIDENCE (Where deceased lived, if institution Residence before 3d INSIDE CITY LIMITS? STREET AND NUMBER odmission) STATE 13b. COUNTY 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Lost 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na Owopkgown) (If yes give wor or dates of sec 17. INFORMANT SOCIAL SECURITY NO (If yes give wer or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave) buriol-tronsit rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(a) ottending as the prior to hos been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO 🗌 YES 🗔 for use Health O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital or 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Yeor be detached i State Dept. of Jo P.M (If either, notify medical examiner) AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town White Not while at work at wark -220. I certify that (I) (this hospital) attended the deceased from 1950, and that in (my) (our) opinion death occurred on the date and hour and from the , page 3 should be filed with the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHY5 PHYS. 22d. PHYSICIAN'S NAME (Type) director, 1 23b DATE BURIAL, CREMATION. (State) 25a.

30M REV



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	_		00574	CE	RTIFICATE OF	DEATH		0057	l
-24			CEASED-NAME First	HARLES SLA	VCDS A DT LOST	20.	DATE OF DEATH Month D	ay Year	2b. HOUR
uneral 1 and 2 2r death			marices	WALTED STY	2 /ays	man	San	20 68	10:154
fer a		3 SE)		1.1	S. DATE OF E		6. AGE (In years lost birthday)		HOURS MIN
# # S		_	Male	White		-6-99	69 YRS	5.	
MILE		Za B Cauni	try)		MARRIED NEVER MA	KKIEU	nty of DEATH ' altimore Cou	unts./	
2 2 2	ŀ	10 CI	Balt. Ma. 1	1S /			IPATION (Kind of work dane	9	M STAIRT
d by the attending physician and cample of fille fille fransit permit. Then please remove carbon page, cremation, or removal, and in any event, within			Mount Wilson	t. Wilson S	t Hospital	during mast of w	vorking life, even if retired		J31NE33 UK
1 5		130.	USUAL RESIDENCE (Where deceased lived, if insti	ution Residence before	3c. CITY OR TOWN	13d THISIDE CITY LIMITS?	13e. STREET AND NUMBER		
complete corporate with wind with the corporate corporate with the cor	4	odmis -	ision) STATE M C 13b. COUNTY	Batt-Citin	Cita	AEZ 🔀 NO 🗌	2310 Harfo	rd Road	• (
o de de	4,	14. F	ATHER'S NAME First Middle			AIDEN NAME First	Middle		Lost
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physician and camped physician and camped and in any even oval, and			WAS DECEASED EVER IN U.S. ARMED FORCES? as, na, or unknown) (If yes give wer or do tes of service)	16b. SOCIAL SECURITY NO	723 Records	. //	lson State H	ospital	
phy nen nova		_	No.		707	,		APPROXIMA	ATÉ INTERVAL
the attending passit permit. The			1B. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		ANGER P.	MANARIT	UBERIUCASIA	BETWEEN ONS	HIASO ONA TS
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trending as been as the priar ta		NO.	190. DATE OF OPERATION 196. CONDITION FOR Y	WHICH OPERATION WAS PERF	ORMED 200 AUT	ODCV3	20b. IF YES, WERE FINDINGS	CONCIDEDED IN CED	TIEVING
tten ds b as as	۰.	CERTIFICATI	170. DATE OF OFERARON 1755. CONDITION FOR	HIICH OFERMION THAS FERI	YES [CAUSES OF DEATH?	CONSIDERED IN CER	***************************************
pital ar a' rtificate h d for use af Health		CERT		OF INJURY			of injury in Part 1 or Port 2), Item 18.)	
		MEDICAL	OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examiner) P.J.						
his cer etache		WE	21d. INJURY OCCURRED 21e. PLACE OF INJUR While Not white	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	RY.) 21f. LOCATION Stre	et or R.F.D. Na.	City or Town	County	Stote
e de la		١	of work at work			10 / /		2///	***
by the		1	220. I certify that (I) (this haspital) a saw the deceased olive on	ttended the deceased	from / - 8	, 19 <u></u> , nv) (our) oninion r	to	y_ <u>رحم </u>	i) (we) to not from the
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be retained DIRECTOR: A should ed with the			226 SIGNATURE		ATTEND	ING MED.	STAFF C	DATE SIGNED	. ~
DIR DIR Jed			22d. PHYSICIAN'S	ner	DEGREE PHYS.	DIRECTOR	B BHA2	1-20-6	8
RAL Perfect	4		NAME (Type) William Nev	vcomer, M	D. Mou	unt Wilson	. Maryland		
Page 4 may be r TO FUNERAL DIRE directar, page 3 should be filed w		23o	BURIAL, CREMATION, 23b. DATE		METERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
S 5 = 4			REMOVASTED Jan. 24, 10			eterv F	Baltimore	Marylan	,
VR A15 (4)		24.	FUNERAL DIRECTOR	ADDRESS		250 DEC D BY DECH	5 1968 REGUSTRAN	S'S SIGNATURE	42
30M REV. 1/6	8		H. Sender & Sons,	inc., Bal	to., Md.	DATE JAN 2	0 1000	1	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06575 CERTIFICATE OF DEATH DECEASED-NAME Farst Middle Lost 20 DATE OF DEATH law requires that the death certificate be executed within 24 havrs after death (Type or print) signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remaye carbon papers. Pages I and burial cremation, ar remayal, and in any event, within 72 haurs after deat ADAM **JACOB** SMIALKOWSKI JANUARY 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years last buthday) MALE WEIGHT 7/2/89 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) POLAND WIDOWED [DIVORCED X BALTIMORE COUNTY U.S.A. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work done during most of working life, even if retired.) FORT HOWARD ADM. HOSPITAL 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM.157 13e STREFT AND NUMBER BALTIMORE BANK STREET 14. FATHER'S NAME Middle Last 15, MOTHER'S MAIDEN NAME First STANLEY SMIALKOWSKI MARY GOMBROFSK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates of service) Yes, no, or unknown) 216 07 25 00 CLIN RECORDS VA HOSPITAL DI HOWARD MD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA, BILATERAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 491 1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending as the prior tal this certificate has been LAENNECS CIRRHOSIS 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🔲 the haspital ar 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medico exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY 21f. LOCATION Street or R F.D. No City or Town While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that \$1) (this haspital) attended the deceased fram \$\frac{1}{21/68}\$ saw the deceased alive an \$\frac{1}{23/68}\$ \$\frac{19}{200}\$, and that in (no causes stated above, (ix (we) **deckdid not) view the bady after death. and that in (new) (aur) apinion death accurred an the date and have and from the be retained 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHYS director, pag shauld be file 22d. PHYSICIAN'S NAME (Type) 22e ADDRESS JOHN D. TALBERT VAH FORT HOWARD, MARKLAND 23th BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify)

BALTIMORE NATIONAL

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV. 1/68.

BURTAL 24. FUNERAL DIRECTOR

BALTIMORE. MD.

(State) (County)

County

22c. DATE SIGNED

1/23/68

00572

MONTHS

2b HOUR

HOURS

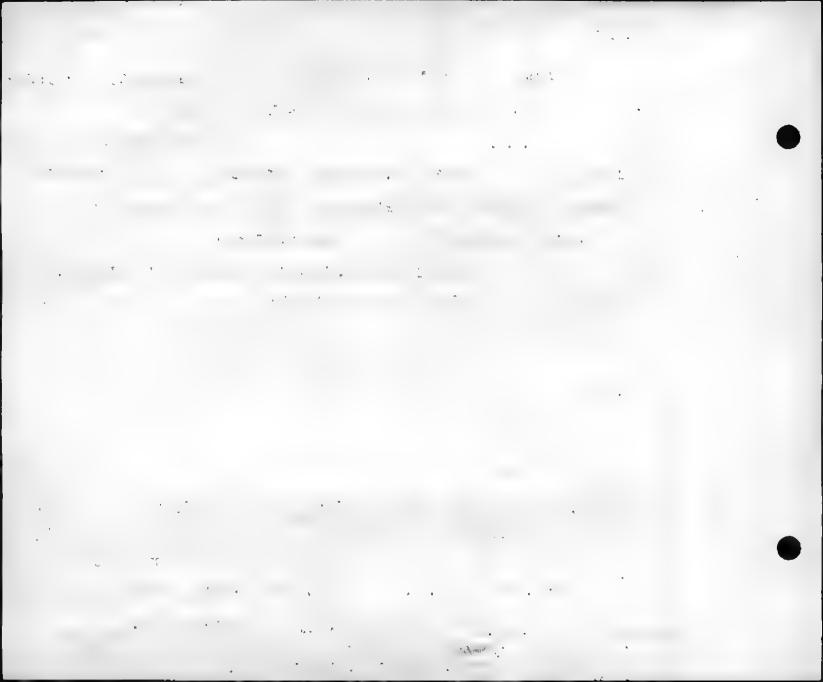
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BETWEEN ONSET AND DEATH

State

12b KIND OF BUSINESS OR

SHIPPING



06576

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00573

		CEASED-NAME	First		Middle		Last		20. DATE OF DEATH			2b. HOUR
- 1	(1	ype or print)	Char	cles	Stephe	n S	mith		Jan.	Day 23	Year 6	8 11:40m
- !	3 SE	X		4 RACE			S. DATE OF B	BIRTH	6 AGE (n vears	F JNDER I YEAR	IF UNDER 24 HRS.
		male		white				18, 190	10st bir	hday) N	ONTHS OAYS	HOURS MIN
		BIRTHPLACE (Stote or	foreign 7	b. Citizen of What	COUNTRY?	8 MARRIED	NEVER MA	RRIED 9	COUNTY OF DEATH			
	COUN	Penna.		U. S.		WIDOWED		RCED []	Baltimore			Md.
- 1	10. 0	ITY OR TOWN OF DEA	TH		E OF HOSPITAL OR INS	TITUTION (if n	at in haspital	12a USUAL	OCCUPATION (Kind of	work done	12b, KIND OF	BUSINESS OR
`		Catons vil		5PRI		STATE			t of working life, even Lectrician		INDUSTRY Pa.	R.R.
		USUAL RESIDENCE (W ssion) STATE	here deceased	l lived, if institution	/	13c CITY OF	TOWN	13d INSIDE CITY LIM		NUMBER		
	ounn		[d	136. COUNTY Pr	.Geo. V	Brent	wood	YES NO	4301	Monro	e St.	
	14 F	ATHER'S NAME	ırst	Middle	Lost	i:	S MOTHER'S N	IAIDEN NAME Fir		Middle		Last
		Charle		nith				lberta	Goshor	n		
		WAS DECEASED EVER es, no, ar unknown)	IN U.S. ARME	D FORCES? 1: or dates of service)	66. SOCIAL SECURITY N	0. 17	INFORMANT			Address		
		es, no, ar unknown)	U.S.A	rny	714-18-96	73 R	ecords	: SPRING	GROVE STA	TE HOST	ITAL	
		18 CAUSE OF DEAT			for (a) (b) and (c)							MATE INTERVAL DINSET AND DEATH
		PART I. DEATH	WAS CAUSED	BY: △ າລ†	teriosc1	ernt	ic car	eren i he	tH enfun	.U.C.	7.0	MSE AND DEATH
		140	IMMEDIATI	E CAUSE (d)						. 13 . D.		/A.a
		Canditians, if any, v	drich maren S		W COMPLETED OF							
		rise to immediate		1-1	sis, aco	ile a.	, ,	عالم وعاملت	lock, and	deadi	Ę.	
		stating the underly	ing cause	DUE TO, OR AS	A CONSEQUENCE OF						10	
		lost.	, , , ,	of) perc	Rhe :mat	ic F	ever .	with vo	lyulitis		1 40	Jerms.
			IFICANT COND	ITIONS CONTRIBUTION	IG TO DEATH BUT NO	T RELATED T	THE TERMINA	AL DISEASE OR CO	NDITION GIVEN IN PART	1(0)		
	_	none.	1117									
	CERTIFICATION	19a. DATE OF OPERATI	ON 196. CO	ONDITION FOR WHICH	OPERATION WAS PER	FORMED	2Da. AUT	OPSY?	20b. IF YES, WERE	FINDINGS CON	ISIDERED IN C	ERTIFYING
,	IFIC						YES	NO TX	CAUSES OF DEATH	?		
4	CERT	21a. ACCIDENT WAS	UNDERLYING	216. TIME OF II	VILIBA	23c H			noture of injury in Part	or Port 2 Ite	m 181	
		OR CONTRIBUTING (If either, natify me			Manth Day Year	216.11	OH HOURT OF	CORRED (EIIIO!	notice or injuly in Fact	01 1011 2, 110	107	
	MEDICAL				19							
		21d. INJURY OCCURE While - Not while	ŒD Zie. P	LACE OF INJURY (FROME FARM, STREET, FACT FFICE BUILDING, ETC.	19K1,] 211. [0	OCATION Stre	et or R.F.D. No	City or Town		County	Stote
		While Not while at work										
		22a. I certify th	iot 他 (this	haspital) otten	ded the deceose	q from—	Dec.	23 , 196	, tolan	<u>23., 19. (</u>	<u>ටර්_,</u> thot	平) (we) last
		saw the de	ceased ali	ve on Jaa	23 !	9 <u>00,</u> an	d thot in (n	ny) (XXXX) opin	ion deoth occurred	on the date	and hour	and fram the
			ea abave,	PD (me) (orror (a	id not) view the l	oody after	deoin.			1		
		22b. SIGNATURE	Ar Si	er D	MAINE	SIA	- ATTEND				te signed -23-68	
		1/11	1.460	11/-1/	1200	DEGI	11113.		ECTOR PHYS			
		22d PHYSICIAN S NAME (Type)	()	Anthony	J. Young,	MD	22e ADI		G GRO E ST			
								Balt		yland :	7 T 7728	
	23a.	BURIAL, CREMATION,	23b. D#		23c. NAME OF (***************************************		23d LOCATION (City or	,	(County)	(State)
B		REMOVAL (Specify) Burial	Jar	26, 196		ncoln	Cemete	ery	Colmar Man			Md.
3	24.	FUNERAL DIRECTOR	Gagohi	s Sons	ADDRESS	21.	16.3	2So. REC'D BY	REG STRAR 25b	REGISTRAR'S SI	GNATURE()	del
)		Α	CHARLOTT	- VIII	Hyattsvi	TIE,	Md.	DATE JAN	129 1968	A Company	Las Jan	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages Japa Should be fil∎d with the State Dept of Health prior ta burial, crematian, or removal, and in any event, within 72 hours after death. VR AT5 (4) 30M REV 1/68

foneral

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftgrated

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DOSME

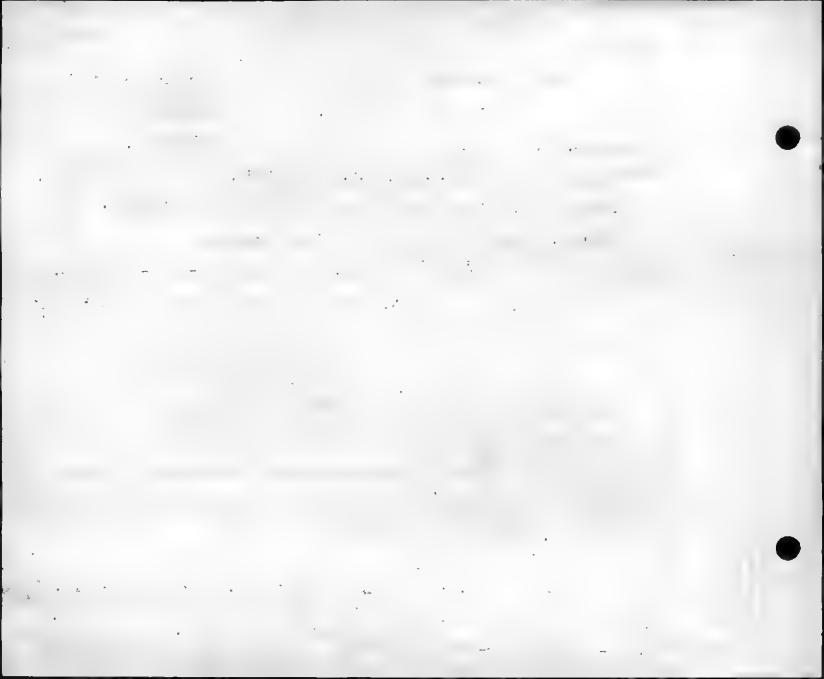
06577		(.ERTIFIC	ATE OF DEA	TH		0007	(I)
1. DECEASED-NAME	First	Middle		Lost	20.	DATE OF DEATH		2b HOUR
(Type or print)	HELEN LORR	RETA SMITH				Month Danuary 2	8th 1968	M
3. SEX	4 RACE			DATE OF BIRTH		6 AGE (In years last birthday)	IF UNDER TYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MAN
Female	W	hite		Nov. 7. 1	877	90 YR		HOUKS MIN.
70 BIRTHPLACE (State or fo	reign 76. CITIZEN	OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. CO L	JNTY OF DEATH		,
Baltimor	e Md.	USA	MIDOMED			Baltimore Co		Md
10 CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INS	TITUTION (If no	t in hasp-tal 12c	USUAL OCC	UPATION (Kind of work don-	e 12b KIND OF I INDUSTRY	BUSINESS OR
Reistertow		give street address) Foxlet	gh N.H			warking life, even if retired	Trust	Co.
odmission) STATE	13b COE	INTY	13c. CITY OR	VES (DE CITY L # TS?	13e STREET AND NUMBER	D. 1	
Maryla	nd Ba	ltimore				624 Dunkirk	Rd.	
14. FATHER'S NAME Fir		ddle Lost	15.	MOTHER'S MAIDEN N		Middle		Last
	A. Smith		10 117 111	Cather FORMANT	rine Mo	ylan Address		
16a. WAS DECEASED EVER IN Yes, no, or unknown)	(If yes give wor or dates of ser	16b. SOCIAL SECURITY N	11.10					
no			- c / PH	s. Nellie	Patte	rson-606 B-W	alker Av	MATE INTERVAL
18. CAUSE OF DEATH PART I. DEATH W	AC TAR CEN DV	per line for (a), (b), and (c).)	/	1.0	0		BETWEEN C	ONSET AND DEATH
	IMMEDIATE CAUSE (o		4 ouch	ial	* france	morre	49	ano.
Candidana if any sub), OR AS A CONSEQUENCE OF						9
Canditions, if any, wh	use (a) ()						
stating the underlyin	g cause DUE TO	O, OR AS A CONSEQUENCE OF						
	CANT CONDITIONS COL	() NTRIBUTING TQ-DEATH BUT NO	OT DELATED TO	THE TERMINAL DISEA	SE OP CONDITI	ON GIVEN IN PART 1/a)		
4 .	anera?		7	ia sela				
190 DATE OF OPERATIO	- X	OR WHICH OPERATION WAS PER	- 1	20a. AUTOPSY?	- CO 1250 J	20b. IF YES, WERE FINDINGS	S CONSIDERED IN C	ERTIFYING
280	4			YES 🔲	мо 🖂	CAUSES OF DEATH?		
210. ACCIDENT WAS U		TIME OF INJURY	21c HO		(Enter natur	e of injury in Part 1 or Part :	2, Item 18.)	
S □ OR CONTRIBUTING □ CA (If either, notify media		R.A.M. Month Day Year P.M. 19						
	D 21a PLACE OF IN	IJURY (AT HOME, FARM, STREET FAC		ATION Street or R I	F.D. No.	City or Town	County	Stote
While Not while C		torricz multumo, tit.						
22a. I certify the	(II) Ithis haspital	l) attended the decease	d from	NEU.	1967.	to Jon 75 ,	19 <u>68</u> , that	(I) (we) las
saw the dec	agsed alive on	1) on 26 1	9 <u>65</u> , and	that in (my) (au	r) apinian	death accurred an the	date and haur	and from the
22b. SIGNATURE	a apane al (me)	(did) (did nat) view the	pody after a	earn.		200	c. DATE SIGNED	
220. SIGNATORE	0	2 1. 0	DEGRE	E PHYS.	□ MED DIRECTO	STAFF C	K. DATE SIGNED	
22d. PHYSICIAN'S	Xouces	T. The		22e ADDRESS				_
NAME (Type)	Dr. Dav	id I. Mille	r	Linso	on Rd.	. Owings Mi	Ils, Mo	i.
23a BURIAL, CREMATION,	23b, DATE	23c. NAME OF	CEMETERY OR (REMATORY	23d.	LOCATION (City of Town)	(County)	(Stote)
REMOVAL (Specify)	1/30/68		iral Ce			Palta		MD.
24 FUNERAL DIRECTOR	-1-2-7-00	me-6500 York	P4. 21.2	2Sa. I	REC'D BY REGI	ISTRAR 25b. REGISTRA	R'S SIGNATURE	1400
MITCUETT-MI	erera no	me-opoo tork	MU-ZIZ	DATE	FEB	2 196B FCC	arles for	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low majories that the death certificate be executed within 24 haurs after

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV. 1/68



FOR STATE HEALTH DEPT.

ny delay is

06578

9 O DEPUTY SICAL EXAMINER: This certificate snavra be executed in them 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to necessary, please execute the certificate, writing the word "pending" in pencil Examiner's Office along with form PM3. Page 5 may be retained far your files. the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office alang with form This certificate shauld be executed within 24 haurs after death Health prior to burial, cremation, ar remayal and n any event within 72 haurs after death DICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

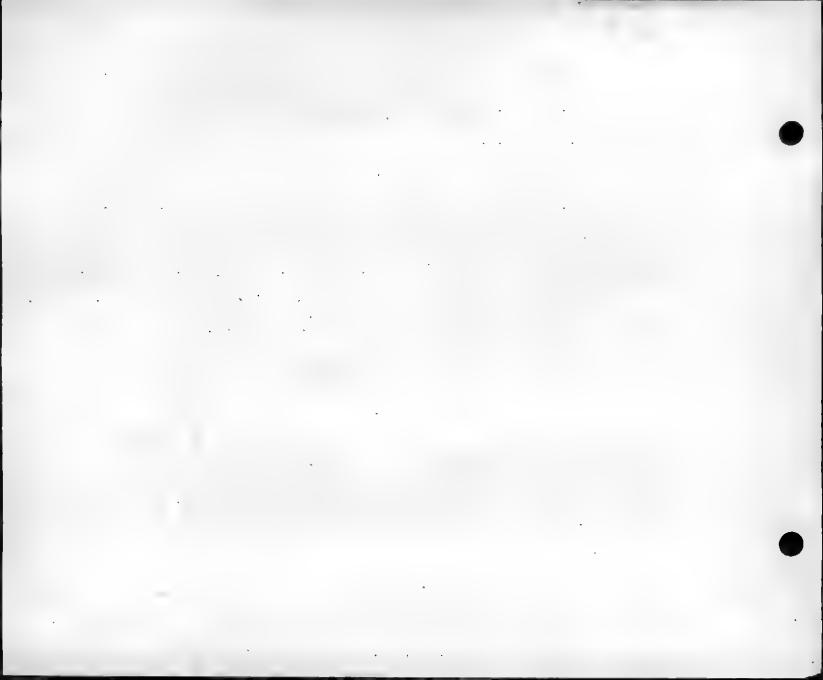
00576

1. DECEASED {Type or		First	Middle	Lost		20 DATE KNOWN Month	Doy Yeor 2b HOUR
(.)ps or		Marion Ca	mpbell Smith			DEATH MATED 21	UNICA /19687/ PM
3. SEX	4 RACE	5 DATE OF	BIRTH 6. AGE (In yes	ors IF UNDER I YEAR	IF UNDER 24 HRS	2c DATE PRONOUNCED DEAD	2d HOUR
F	Cauc	Sent.	27,1881 86	YRS MONTHS DAYS	HOURS MIN.	Month Doy	Yeor 1968-300 M
70 BIRTHPJ	ACE (State or foreign	76 GT-ZEN OF	WHAT COUNTRY? 8.	MARRIED NEVER MA	RRIED # 9. CO	UNTY OF DEATH	
country)	dley, Pa.	11.0	51		ORCED T		M.I.
IO CITY OR	TOWN OF DEATH	U.S.	. NAME OF HOSPITAL OR INSTITUT			Baltimore (CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Tow			ve street oddress) 204 Joppa Rd			of working life, even if retired.)	
13o USUAL	RESIDENCE (Where	deceased lived, if in:	stitution: Residence before 13c (CITY OR TOWN	3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	<u> </u>
odmission	i) STATE	13b COUNT	Paltimore -	Towson	YES 🔲 NO 🗌	204 Joppe J	n d
14. FATHER'S	NAME First	Mic	ddle Last	15. MOTHER'S MA	IDEN NAME First	Middle	Lost
	Tama	- C		Tomo	Obaiatia		
16g, WAS DEC	TEASED EVER IN U.S. A	Smith	TI66 SOCIAL SECURITY NO	17 INFORMANT	Christie	ADDRESS	
(Yes, no, o	runknown) (i	yes give war or dates of servi	ce}				
- N			213 07 9571	Aller	E. Buzz	el, Att. Towson	APPROXIMATE INTERVA:
IB. C	AUSE OF DEATH (EI PART I DEATH WAS	nter only one couse pi CAUSED RY:	er lare fat (a), (b), and (c))	100	. (Biog	DETWEEN ONSET AND DEATH
	1,1	MMEDIATE CAUSE (a)	(brond	ryce	C/US	0-2	Dudden
	L1 1 "		OR AS A CONSEQUENCE OF	1 1-	+-	77	
	tions, if ony fwhich i I immediate couse		LOYE MAY	49/1	C 724 }	150050-	154211
	g the underlying c		OR AS A CONSEQUENCE OF		16		1
last	- 1 3	—)					1/
PART 2	OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELAT	IED TO THE TERMINAL I	DISEASE OR CONDITI	ON GIVEN IN PART 1(n)	
41				_			
190. D	ATE OF OPERATION		196. CONDITION FOR WHICH	OPERATION			20. AUTOPSY?
510 E)			WAS PERFORMED?			•	YES NO
	KTERNAL CAUSE WAS		OF NJURY Month, Doy, Year	21c HOW INJURY O	CCURRED (Enter not	ure of injury in Port 1 or Port 2,	Item 1B)
	RY OR CONTRIBUTED OF DEATH	ITING HOU	R.A.M. 19				
⊋ 2ld N	JURY OCCURRED	21e PLACE OF NUE	RY (At home, form, street,	21f LOCATION Street	or R.F.D. No.	C ty or Town	County State
WHILE	E NOT WHILE AT WORK	foctory, office bui	lding, etc.)			.,,	,
		A14 1 1	(A)				7 1.
			of the remains described ab			spection , Inquiry [
d:	eath resulted-fr	am. Natural c	auses Accident	, Suicide ,	Homicide	, Undetermined manner	
	1/2/		77	al CHI	EF MEDICAL EXAMI		
ACTU SIGN	ATURE ET	Letter	Chiere 111	M.D. ASS	SISTANT MEDICAL EX	AMINER 22b DATI	E SIGNED /
EXAM	AINER'S				PUTY MEDICAL EXAM	AINER A	131/68
NAM	E (Type) Ch.	arles F.	O'Donnell,	II.D. AD	DRESS(Street, city, t	own, or county)	
230 BUR A	L, CREMATION,	23b. DATE	23c. NAME OF CEMET	ERY OR CREMATORY	230	LOCATION (City or Town)	(County) (State)
Ento	val (Specify) ombment	2-2-68	Lorrain	ne	1 5	Woodlawn, Balti	more. Md.
	L DIRECTOR		ADDRESS		250 REC D BY RI		
Wm	. Cook-B	rooks Tows	son, Towson, Má	i.	DATE FEB	5 1988 7 7	2 1 1 1 1 1 1 2 3

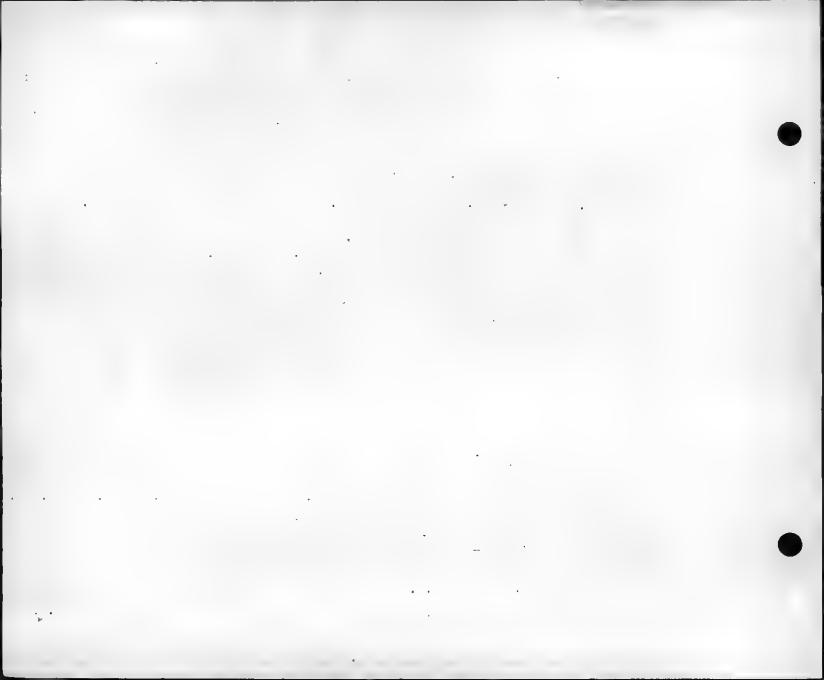
VR A15ME (5), 10M REV 1/60

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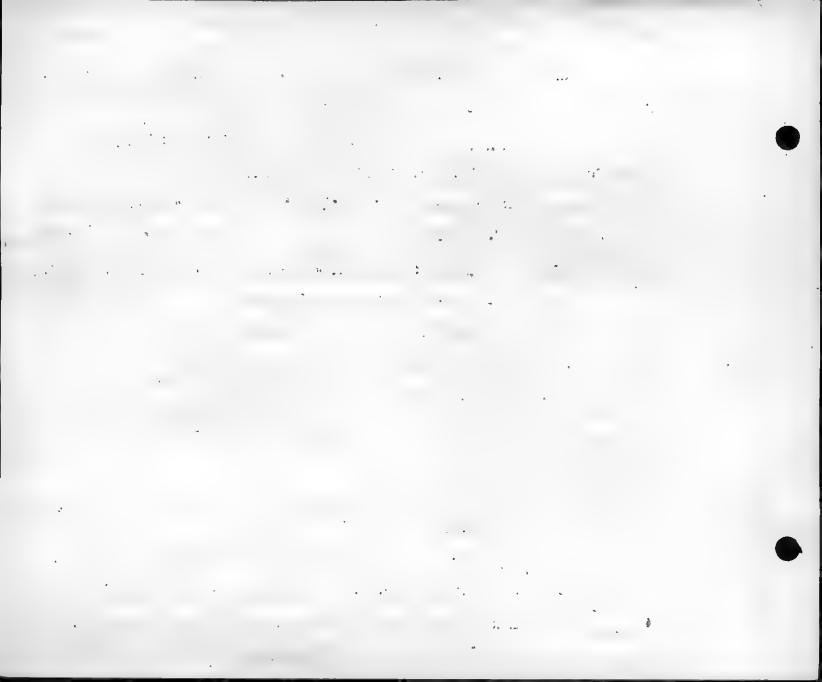
TO DEPUTY



1	MARYLAND STATE DEPARTMENT OF HEALTH	
500 67405	00579 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00577
FOR STATE	INEDICAE EXAMINER'S CERTIFICATE OF DEATH	0077
HEALTH DEPT.	I DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth D OF ES-	Day Yeor 2b. HOUR
tof tof	RALPH EUGENE SMITH DEATH MATED 1 23	3 19 68 5 : 5 0
delay	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years F JNOER YEAR IF LNOER 24 HRS 2C DATE PRONOUNCED DEAD lost birthday) MON'HS DAYS HOURS MUN. Month Day	2d HOURD
S.P.A.	Male White Lept 18, 143 24 YRS January 23	Year 1968 5:50b
Se Se	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
oges coges th family State (Baltimore Baltimore	Md
death with the State	Toward give street address) during more of working wife even if retired \ IN	2b KIND OF BUSINESS OR
L ≥ m = +1 .	Baitimore St. Joseph Hospital Chauthur	drug store
after death,	admissional STATE	
	Md Balto 705 Glenwood A	
24 hours in trem i soffice is 1 and 2	14 FATHER'S NAME Pirst Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 ncil in niner's pages hours	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT / ADDRESS	nazier
J within 24 in pencil in Examiner's Examiner's File pages in 72 hours	(Ves no occumbation)	o Kiltalul
Exam File File		APPROXIMATE INVERVA
shauld be executed in a many event word "pending" in the Chief Medical E. ourial-transit permit. Fin any event within	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND GEATH
ding Jeding Perm	IMMEDIATE CAUSE (o) RUP CUTE OI THE HEAFT	
be exergined in the same in th	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	
d b d b d d d d d d d d d d d d d d d d	rise to immediate cause (a).	
shauld be e ne ward "per o the Chief I burial-transit	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate tate, writing the be farwarded to be used as a bure remayal, and		
certif , writi arwan used (maval	O to part of containing	20 AJTOPSY?
	THE COMMITTION FOR WHICH OPERATION WAS PERFORMED?	YES NO
7 0 0 1	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
INER: Te certifice should be fales. 3 should at an, ar	PRIMARY X OR CONTRIBUTING HOUR *** CAUSE OF DEATH 5:30 P.M. 1 239 68 Subject driver in auto-auto coll 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home form street). 21f IOCATION Street or R.F.D. No. (Ity or Town)	
2 4 5 5 5		County State
(AM) e the day age	WHILE NOT WHILE AT WORK ON Street Toppa Rd. and Greenwood Ave. Balto	Polto Md
bleat Exami please execute the director. Page 4 s retained for your 1. DIRECTOR: Page 3 or to bur al, cremo	220. I certify that I took charge of the remains described above, held on Autopsy X, Inspection , Inquiry ,	
Sur Garage	deoth resulted from: Natural chases 1, Acadent XX Suicide 1, Homicide 1, Undetermined monner	7
please el director retained	CHIEF MEDICAL EXAMINER	
Te de de la composition della	SIGNATURE COLONIA COLO	GNED
eny, interest be ERAL		nuary 24, 196
TO DEPUTY DECESSORY, P TELE funeral of S may be re TO FUNERAL Health print	NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county)	
07 ± ± 07 ± ± €	230 BURIA_ CREMATION, 23b DATE 234 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(aunty) (State)
	Bernel 1/27/68 Pleasant Mist Howan, Balto	. Co. Mes.
* **	1/24 FUNERAL DIRECTOR Chalmanh - 1701 m Calloh S't. 250 RECD BY REGISTRAR 250 REGISTRAR S S.G.	SAATURE
VR A15ME (5) 19M REV 1/68	Charanh - 170/ M. Culloth ST. DATE JAN 26 1968 Julian	as made



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06580 00579 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 20 DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death death (Type or print) the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon papers, Pages I and ,pseph 1968 WILLIAM SMITH Sr. :20A M 3 SEX 4. RACE S. DATE OF BIRTH IF JINDER 24 HRS 6. AGE (in years IF LINDER 1 YEAR last highday) MONTHS DAYS HOURS 7/11/94 WHITE MATE 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED [7] NEVER MARRIED [7] country) BALTIMORE COUNTY WIDOWED IX DIVORCED [MARYTAND 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street podress) FORT HOWARD 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY JMJIST odmission) NO 🗍 BOX 355, Route 2 GLEN BURNIE or remayal, and in any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle JOSEPH B. SMITH MARY Ann EGAN 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) **215** 10 90 78 CLIN RECORDS VA HOSPITAL FT HOWARD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY PITMONARY CO DETWEEN ONSET AND DEAT PULMONARY CONGESTION AND EDEMA RIBORNIT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCIEROTIC HEART DISEASE Conditions, if any, which gove) rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the ADENOCARCINOMA PROSTATE. CHRONIC PYELONEPHRITIS has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔽 NO | O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 216 TIME OF INJURY fa OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220 | certify that (3) (this haspital) attended the deceased from sow the deceased alive on 1/8/60 19 , and 7/21/67_, 19_ _, to <u>1/8/68</u> and that in (ASS) (our) apinion death accurred on the date and hour and from the couses stated above, It) (we) (did) (did) (did) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS director, page **PHYS** 22d. PHYSICIAN 22e. ADDRESS MAME (Type) GEORGE C. MC ELFATRICK, M. D. VAH FORT HOWARD. MARYLAND 23a BURIAL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C ty or Tawn) (County) (Stote) REMOVAL (Specify)
BURTAT. 1/11/68 GLEN BURNIE, MD. GLEN HAVEN MEMORIAL CEMETERY PACHEY REGISTRAPS 1968 256 ACCESTRAPS CONTINE 24. FUNERAL DIRECTOR 30M REV 1/68 237 PATAPSCO AVENUE, PROOKLYN,



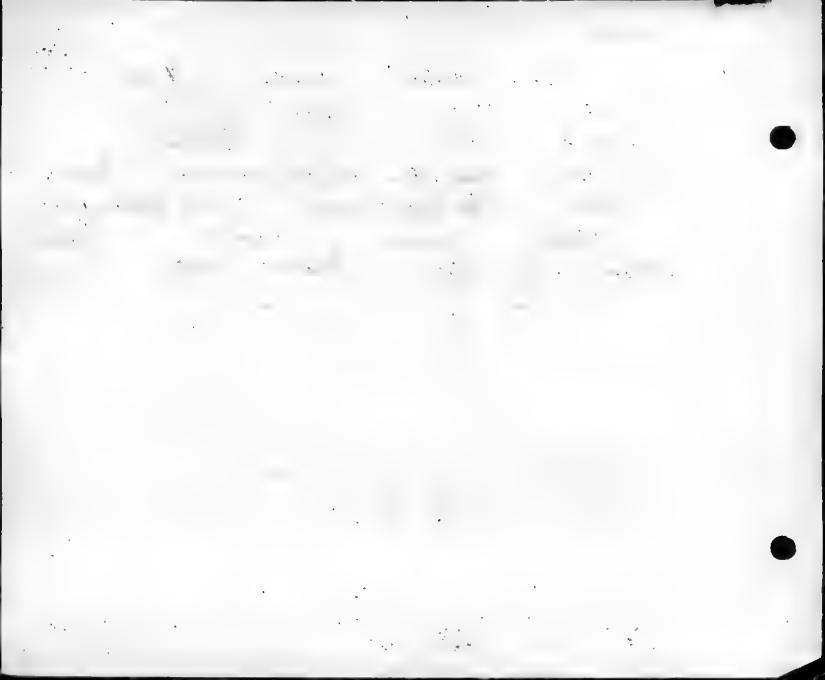
MARYLAND STATE DEPARTMENT OF HEALTH 00581 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00579 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2a. DATE OF DEATH (Type or print) Catherine SOMMER signed by the ottending physician and completely filled in by the tuber buriol-transit permit. Then please remove carban papers. Pages 1 of buriol, cremation, or removal, and in ony event, within 72 haurs after de January 3 SEX S. DATE OF BIRTH 6. AGE (In years 4 RACE last birthgay) DAYS HOURS MONTHS White March 27, 1911 Female low requires that the deoth certificate be executed within 24 hours 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 📆 NEVER MARRIED 🗌 Maryland USA Baltimore WIDOWED [7] DIVORCED [7] 12a USUAL OCCUPATION (Kind of work done IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR ST. JOSEPH HOSPITAL during most of working life, even if retired.) INDUSTRY Towson Homemaker 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS? 13b. COUNTY Balto. odrussion) STATE 2614 Rader Ave. Baltimore YES NO 📆 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Minnie J. Schmidt George R. Myers 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no or unknown) 212-09-9127 Mr. Henry W. Sommer (Same) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Right hemisphere glioma. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospitol or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? 12/11/67 Right parietal tumor YES [NO TO 210, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY) 21f. LOCATION Street or R.F.D. No. County State City or Town While Not while __, 19<u>67</u> , ta <u>1/26/</u> . 19<u>68</u>, that (**¼**(we) last causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. Danuary 26, 1968 DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Victoria Escobar, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Caunty) (State) 1/30/68. Lorraine Park Mausoleum Baltimore, Md. 24. FUNERAL DIRECTOR VR A15 [4]: Leonard J. Ruck, Inc. Balto. Md. 21214 30M REV. 1/88



IF LINDER) YEAR last buthday) MONTHS OAYS HOURS 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most at working life, even if retired) 13e STREET AND NUMBER APPROX.MATE INTERVA BETWEEN ONSET AND GEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) State County 19 68 , that (1) (we) lost 19 67, and that in (my) (our) opinion death occurred on the date and haur and from the 22C DATE SIGNED 23d. LOCATION (City or Town) (County) (State) NHITE MARSH 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06583 00581 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 25 HOUR DECEASED-NAME deoth Year (Type or print) 3 A. N F JNDER I YEAR IF UNDER 24 HRS 6. AGE (In years 4. RACE last birthday) MONTHS DAYS HOURS DEC.14 YRS MEMALE 24-hours 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED A DIVORCED BALTIMORE 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH requires that the death certificate be executed within during most of wasking life, even if retired.) INDUSTRY OF give street oddress) DRAYTON GREEN physician and completely 13e STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before NO [YES X ARBUTUS signed by the ottending physician and co burial-transit permit. Then please remov burial, cremotion, or removal, and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First HERRICK ELIZA657 144 16b. SOCIAL SECURITY NO. Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? f yes give war or dates of service) Yes, na ar unknawn) GLAdys BROWN 4764 220-22-6344 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY exteriscleration IMMEDIATE CAUSE (a) 4124 DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) be detoched for use as the State Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? NO X YES 🖂 by the hospital or TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (I) (this haspital attended the deceased from 13, 1968, ta 1968, ta 1968, that (I) (we) lost saw the deceased alive on 1968, that (I) (we) lost with the deceased alive on 1968, that (I) (we) lost saw the deceased alive on 1968, that (I) (we) lost saw the deceased alive on 1968, that (I) (we) lost saw the deceased alive on 1968, that (I) (we) lost saw the deceased alive on 1968, that (I) (we) lost saw the deceased alive on 1968, that (I) (we) lost saw the deceased alive on 1968, that (I) (we) lost saw the deceased alive on 1968, the deceased from 1968, that (I) (we) lost saw the deceased alive on 1968, the deceased from 1968, t 13 1968 to Jan 24 1968 that (1) (we) lost director, page 3 should should be filed with the couses stated obove, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 226 SIGNATURE ATTENDING ene 24,1968 MED DIRECTOR PHYS 22e. ADDRESS # 201 NAME (Type) 21229 230 BURIAL, CREMATION, REMOVAL (Spetify) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b DATE BALTINDRE NATIONAL BALT, NORE 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



/ 1	MARYLAND STATE DEPARTMENT OF HEALTH	
and the same	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DERT.	1 DECEASED NAME First Middle Lost 2a DATE KNOWN Manth Day Year 2b.	∺ÓUR
≈ 5 6 ×	(Type or Print) Ella May Stamm OF ESTI- DEATH MATED X San 17 1968 :	M
delay and 3 men	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years F UNDER 1 YEAR #F UNDER 24 HRS 2c, DATE PRONOUNCED DEAD 2d	HOUR
del ond m3.3	Female white Jan. 21, 1882 85 YRS MAN. Manth An. Day 19 Year 1968 83	D M
Depart	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
- E - G	COUNTRY MENSEND HSA- WIDOWED DIVORCED 13altimore	Md
ath age th ft Sid	.0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USLAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS	OR
INER: This certificate should be executed within 24 haurs after death should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a burial-transit permit. File pages land 2 with the State Datian, or remayal, and in any event within 72 haurs after death.	Arbutus give street address) eeds Ave. during most of working life, even if retired.) INDUSTRY	. 2
fter Giv ong iff i	130 USUAL RES DENCE (Where deceased lived, funstitution Residence before 13c CITY OR TOWN 13d NSIDE GTY LM TS? 13e STREET AND NUMBER	
18. Give a long	odmission) STATE Maryland 13b. COUNTY Baltimore Arbitus YES ANO 5/08 Lecds Ave	
haurs Office office	14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost	
24 to 10 ris 0 ris 0 ris of 15	Unknown Unknown	
thin 24 neal in niner's pages haurs	160 WAS DECEASED EVER NUS ARMED FORCES? [166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS OF CAPTIFICATION ADDRESS OF CAPTIFI	
be executed within "pencil "pencil in pencil rief Medical Examine ansit permit. File pagevent within 72 hau	(Yes no, or unknown) (If yes give war ardo'rs of service) 212-03-75344 Gordon L. Stam mc312 Cloverdale Brive	
P E E	18. CAUSE OF DEATH (Enter on y one cause per line for (a) (b) And (c)) APPROX MATE INTERVAL BETWEEN ONSET AND DE	A. ATM
ould be executed vard "pending" in he Chief Medical E. del-transit permit. F. any event within	PART DEATH WAS CAUSED BY Candio - Vascular Disease Sudden	
Me Me	41 d. 1 DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe inef	Conditions, if any, which gave (b) (b) (b)	
uld and any iny	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed wit ne ward "pending" in pe a the Chief Medical Exar bural-transit permit. File in any event within 72	lost. (c)	
ER: This certificate should certificate, writing the ward auld be forwarded to the Ches. hould be used as a burial-train, or remaval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifica , writing orwarde osed as maval, a	7 7	
is certific te, writin forward forward e used a remaval,	196. CONDITION OPERATION 20 AUTOPSY? WAS PERFORMED?	
his or for be rer	¥E NO	UZ_
INER: This e certificate, should be files. 3 should be institute, or re	21a EXTERNAL CALSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) HOUR A.M.	
NER: shaul files. shou	CAUSE OF DEATH P.M. 19	
	The state of the s	lote
	WHILE NOT WHILE Tactory, office building, etc.)	
CAL E cocci	22a certify that I taak charge of the remains described above, held on Autopsy 🗍, Inspect on 🔀, Inquiry 🔲, and in my ap	inian
olease e durectar etained DIRECT	death resulted fram: Natural causes 🐼 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗍	
lease durec durec DIRE r to	CHIEF MEDICAL EXAMINER	
y, ple eral d be ret XAL D prior	SIGNATURE PORCE A. Tradonic M. D. ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED	
PU Sagn WER V	EXAMINER'S - DEPUTY MEDICAL EXAMINER & BILL Francis Que	
O DEPUTY necessary, p the funeral 5 may be r 6 FUNERAL	NAME (Type) James N. Frederille ADDRESS(Street, cty, town, or county) Balto, m.o.	
5 5 5 5 V	230. BURIA. (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (State)	,
N.P.	Barral Parto Parto In Datt More, Itary an	<u>ď</u>
VR A15ME (DA	The state of the s	
TOM REV T/AB	Ambrost, LNC.1328 Julphy Je. 1CC. DATE 1888 ycharles Judge	-
	, Unit W I was if	



MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00586 00584 CERTIFICATE OF DEATH DECEASED-NAME Middle lost 20 DATE OF DEATH 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Month (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 AGE (In years last birthday) White **MDNTHS** DAYS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED physician and completely filled in WIDOWED 5 DIVORCED 12a USUAL OCCUPATION (Kind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10, CITY OR TOWN OF DEATH Share oddress) during most of working life, even if retired.) please remove carbon 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b COUNTY YES 🔀 NO [and in any IS MOTHER'S MAIDEN NAME First 14. FATHER 5 NAME Middle Last 17 INFORMANT Address 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) the ottending passit permit. The 1B. CAUSE OF DEATH (Enter Dnly one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the buriol-tronsit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to has been ₽ 4201 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? So CAUSES OF DEATH? YES 🗀 NO X O FUNERAL DIRECTOR: After this certificate by the hospital or 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) jo TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) detoched 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County Wh.le Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 1950 to Johnary 19 6 d, and that in (my) (om) apinian death accurred an the date and have ond from the saw the deceased alive on Jan Page 4 may be retained 0 causes stoted above, (1) (we) (did) (did net) view the body after death. 22b SIGNATURE 22c. DATE/SIGNED ATTENDING DIRECTOR director, poge strauld be filed 22d. PHYSICIAN'S NAME (Type) ((ounty)-(State) 23g BURIAL CREMATION. 23b DATE MEMOVAL (Specify) FLINERAL DIRECTOR VR ATS 30M REV 1/68

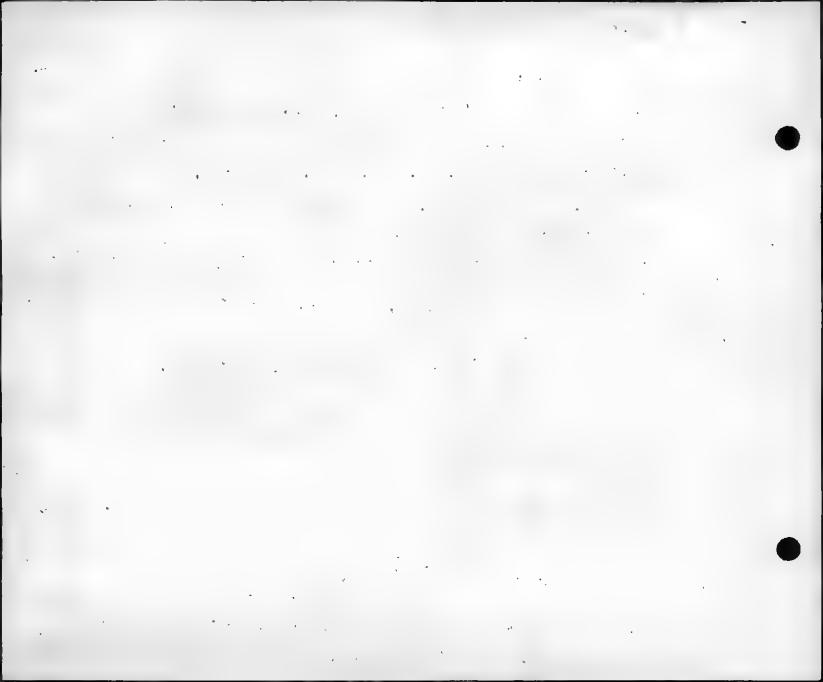
MARYLAND STATE DEPARTMENT OF HEALTH



00587

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00585 CERTIFICATE OF DEATH

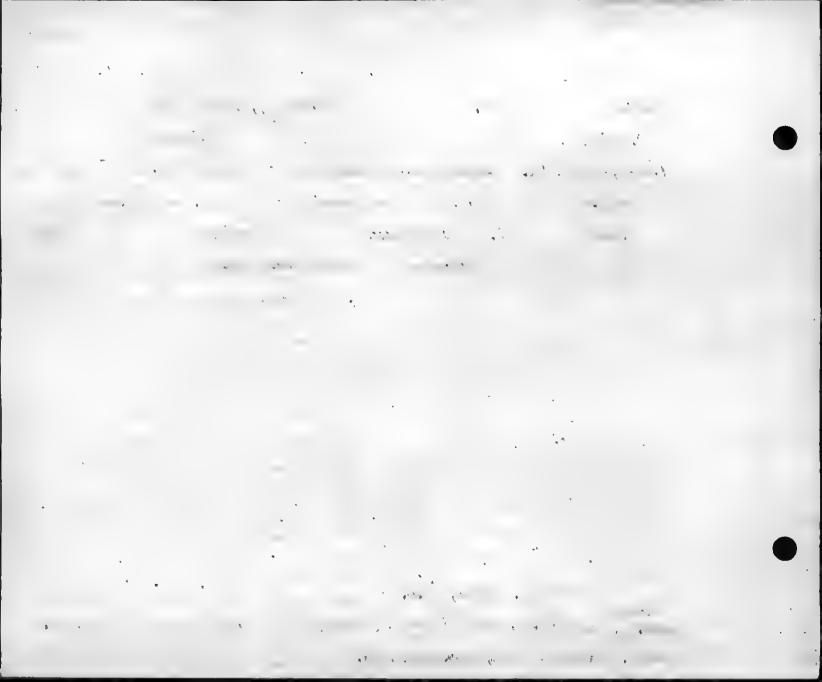
E/DC:	<u> </u>		CEASED NAME FI	rst	Middle	Los		20. DATE OF			2b HOUR
2 A 2 F	2	(1	(pe ar print) Sa	amuel		S.	tein		Month Jam	27 Year	8:20 M
	5	3 SE		4. RACE		S DATI	OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
# a a	5 1		lale		White		XXXXXXXX		last birthday)	MONTHS DAYS	HOURS MIN.
7 T	<u> </u>	_						1	XX70" Y	RS.	
2	5	tour	RTHPLACE (State or foreign	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIED X NEV	ER MARRIED 🔲	9. COUNTY OF			
4 1 E	7	5001	"" Russia	u.s	S.A.	WIDOWED [DIVORCED [Balti	inore C	ounty	Md.
	<u> </u>	10 C	TY OR TOWN OF DEATH	1	1 NAME OF HOSPITAL OR IN	STITUTION (If not in hos	spitol 12o US	UAL OCCUPATION	(Kind of work do	ne 125 KIND OF	BUSINESS OR
	¥ '	R	ANDALLSTOWN	15	hine attent dodress Co.	Gm. Ho:	SD. during	most of warking	life, even if retire	d.) INDUSTRY RETAI	
> #1.		_	USUAL RESIDENCE (Where dec				13a INSIDE CITA		REET AND NUMBER		L
			ssion) STATE 3 7 3	13b. COUN	rv .						100 110
executed and comple	ט >∽		1.71		Balto.	Sundalls	0011	17.7		e Lane	APT. 102
G P	5		ATHER'S NAME First	Midd			ER'S MAIDEN NAME	First	Middle		Last
be d	Á ID III DID	AB	RAHAM XXXXX	SEX.	St	ein		Ur	nknown		
ste cigi	5	160.	WAS DECEASED EVER IN U.S. A		16b SOCIAL SECURITY	NO. 17. INFORMA	INT	3505 B	FACI FAddres	I ANT . A	PT. 102
. <u> </u>	<u>,</u>	Y	es, ppppr unknown) (If yes gr	ve war as dates of service	214-20-297	12 MRS. L	ENA STEI	V RAVDAL	ISTOWN.	MD. 2113.	3
quires that the death certificate be physician. signed by the attending physician arburial-transit permit. Then please to	2	H	IO CANCE OF DEATH //					17,010,112		APPROX	MATE INTERVAL
te death cer attending p	<u> </u>		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	cen by	er line far (a), (b), and (c)	6.	1. 1	1-		BETWEEN	DHSET AND DEATH
eat mit.	5		IMME	DIATE CAUSE (a) _	acute ?	MYDCUYA	a Intre	-C1/84		2/	rours
e d	ŝ		410,9	DUE TO,	OR AS À CONSEQUENCE OF						
t te	5		Conditions, if any, which gav rise to immediate cause (a	(6)		•					
that t an. by the ransit			rise to immediate cause (a stating the underlying cous	DUE TO	OR AS A CONSEQUENCE OF						
· · · · · · · · · · · · · · · · · · ·			lost	(4)		arterios	dereti	heart N	: (00 (0		
uire gne iria	2		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTI	DIDITING TO DEATH DUT	INT BUILTED TO THE TE	DHIMAI DICEASE OF	PLONDITION CIVE	I IN DADY 1(-)		
	3			CONDITIONS CONTI	CIBOTING TO DEATH BUF I	IOI KELAIED IO INE IE	KMIRAL DISEASE OF	KCONDITION GIVE	incraci i(a)		
ding een the	=	NO	4201								
tence as by		CERTIFICATION	19a. DATE OF OPERATION	96. CONDITION FOR	WHICH OPERATION WAS PI		. AUTOPSY?	CALICEC	OF DEATH?	GS CONSIDERED IN C	ERTIFYING
문학학학		ZIE				1	LEZ 🔲 NO [OF DEATH!		
	5		21a. ACCIDENT WAS UNDERL		E OF INJURY	21c. HOW INJU	RY OCCURRED (En	ter nature of injur	y in Port 1 or Part	2, Item 18.)	
▼ 호 등 다		MEDICAL	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A		9					
PHYSICIAN ne haspital this certifical etached far	-	MFD	214 INDITED OCCUPATE A		RY (AT HOME, FARM, STREET, FA		Street or PED I	In City	ar Town	Caunty	State
F d is par	eb			TO. TENCE OF THE	DEFICE BUILDING, ETC.	7 211 10011011	31100) 01 10.110 1	CII T	u 10491	coomy	31010
C = 0	<u> </u>			7.1 (y. lb			- 10			10/ 6	
be if y	2		22a. I certify that (I) (sow the deceased causes stated abo	(this hospital)	attended the deceas	ed from Se	<i>PT. 1</i> , 19.	1940, TO alc	n. 24,	19 <u>68</u> , tho	(I) (we) lost
E G EN	2		sow the deceosed	Olive on(d	id) (did not) vidu tho	hady ofter doub	in (my) (our) a	pinian aeoth c	iccurred an the	date and haur	and from the
OR ATTENDING be retained by the DIRECTOR: After 3e 3 should be d			CONTINE	146, (1) (446) (0	id) (dia riot) view life	body offer death.					
rel REC 3 s	*		22b. SIGNATURE	,	R 11.	T MD A	TTENDING PYS	MED DIRECTOR	STAFF C	22c. DATE SIGNED	10
5 ≥ ≥ 5	2				3. Humor			DIRECTOR L	STAFF PHYS.	1-24-6	. 8
TAL O	=		22d. PHYSICIAN'S AB.	RAHAM	B, HURWA	7 MD 27	le ADDRESS	* 050-	P R -		- Ma
TO HOSPITAL OR Page 4 may be rico FUNERAL DIRE	3		syme (Abo)				134/21	BERTY.	ND /JA	4/1moRic	, 10
HO HO	5	23o.	BUR AL, CREMATION, 23	b. DATE	23c NAME OF	CEMETERY OR CREMAT	ORY	23d LOCATIO	iN (City or Tawn)	(County)	(State)
Page O FUN direct	5		REMOVAL (Specify)	-26-68	BETH VI	EHUDA ANSH	E KURLAN		MORE. !IA	RYLAND	
201		24	FUNERAL DIRECTOR		ADDRESS		25a. REC'D	BY REGISTRAR	2Sb. REGISTR	ADI TAMONO DIDA	
VR AT	5 [4] /. 1/68		LEVINSON & 1	pnac /			1 1	AN 26	1968 (7	limiter of	udge
		DV.	LLVINDUN & I	UKUD. O	NIO KLIDICK	STUWN KUAL	DAIL	197		1	0



MARYLAND STATE DEPARTMENT OF HEALTH 00588 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00586CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME First Middle Jan Month 30 Day 18 Year (Type or print) 6, AGE (In years last staday) F JNDER 24 HRS 4. RACE February 7. Female (au 7b. CITIZEN OF WHAT COUNTRY? PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 7o. BIRTHPLACE (State or foreign 8. MARRIED | NEVER MARRIED * country) Maryland USA Baltimore WIDOWED [DIVORCED and in any event, within 72 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital T2a USUAL OCCUPATION (Kind of work dans Destated 1985) own Nursing Homering moss chartes and reaction and stated 1985. 10. CITY OR TOWN OF DEATH Towson, 21204, physician and campletely fen please remave carban 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before So. Main Street Port Deposit YES DE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Stephendon Tenks Zachary 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? . INFORMANT Yes, noter unknown) (If yes give wor or dates of service) Nursing Home Records Unknown burial, crematian, ar removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Carcinoma haryngeal 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO 174 YES 🗀 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 21a, ACCIDENT WAS UNDERLYING 21b TIME OF INJURY TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 5 - 9, 1966, ta 1966, ta 1966, that (I) (we) last saw the deceased alive an 1968, and that in (my) (wa) apinian death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. director, page 3 should should be filled with the O FUNERAL DIRECTOR: 22c. DATE SIGNED 22b SIGNATURE ATTENDING MED.
DIRECTOR DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 1101 St Pau Port Deposit NAME OF CEMETERY OR CREMATORY Hopewell Cemetery 2So. REC'D BY REGISTRAR VR A15 (4) 1968 30M REV 1/68 ee A. Patterson & Son, Pernuville,



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00589 00587 CERTIFICATE OF DEATH First Middle Lost DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR (Type or print) WILLIAM 10 AARON STERLING, JR. :28A N 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS OAYS HOURS Feb. 11, 1901 Male Cau. 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED [25] NEVER MARRIED raryland U.S.A. WIDOWED [DIVORCED [Baltimore 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12b. KIND OF BUSINESS OR gree street address)
Greater Balto. Med. Center Security Officer
nstitut.an, Residence before/ 13c. (ITY OR TOWN 13d. MISIDE (ITY LIM TS? 13e STREET AND NUMBER INDUSTRY Baltimore, Maryland Meg. Plant 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c. CITY OR TOWN admission) STATE Maryland 13b. COUNTY Somerset Crisfield odmission) STATE Maryland YES NO 30 Main St. 14. FATHER'S NAME Middle Last 1S MOTHER'S MAIDEN NAME First Last William Sterling, Sr. Aaron Adeline Cullen 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes_no, ar unknown) 213-20-5279 Mrs. Grace B. Sterling, same as 13 abce 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)
Gastrointes BETWEEN ONSET AND DEATH Gastrointestinal hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Chronic gastric and duodenal ulcers rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse A-16 317 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Arteriosclerotic cardiovascular disease 190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES 🔽 NO 🗔 1/10/68 Bleeding ulcer 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED
While Nat while at work of wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote 22a | certify that (I) (this haspital) attended the deceased fram 1 /4 , 19 68 , ta 1/10 , 19 68 , that (I) (we) last saw the deceased alive an 1/10 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS Jan. 11, 1968 22d. HYSICIAN'S 22e ADDRESS NAME (Type) John E. Adams, M.D. Greater Baltimore Medical Center 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE (Stote) (County) REMOVAL (Specify) Crisfield Jan. 14, 1968 Somerset Sunnyridge Cemetery 24 FUNERAL DIRECTOR Levin R. Wilson - Princess Anne, Mi. 2So. REC'D 8Y REGISTRAR 25b REGISTRAR'S SIGNATURE

signed by the attending physician and campletely filled in be the burial-transit permit. Then please remove carban papers. Pages burial, crematian, or removal, and in any event, within 72 hours afting Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the state Dept. of Health priar to

30M REV

OF ATTENDING PHYSICIAN: The

law requires that the death certificate be executed within 24 hours after menth



Pages Fond 2 ours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low remaires that the death certificate by executed within 24 hours affect.

Rog 4 may be retained by the h≡spitol or #tf ≡ding physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completed director, page 3 shauld be detached far use os the burial-tronsit permit. Then please remove carby and be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, v

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00000	C	ERTIFICA	TE OF DEATH		6600	
(ECEASED-NAME Type or print) Grace	Middle		Er hoff	2a. DATE OF DEATH / - / \(\Delta\) Month Do	Y Yeor 7.3	HOUR O M
3 5	FE male	White		7-23-18	6. AGE (In years lost birthday) YRS	F UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	R 24 HRS. M.H.
70 cau	BIRTHPLACE (Stote or foreign 7b. Control	ITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	MEASK WAKKIED	COUNTY OF DEATH	,	Md
	ourson, md.	II NAME OF HOSPITAL OR INSTI give-street oddress)	TUTION (If not i	I during mas	OCCUPATION (Kind of work dane to) warking life, even ly retired)	12b KIND OF BUSINESS INDUSTRY	5 OR
	USUAL RESIDENCE (Where deceosed livingsion) STATE 13	ed, if institution Residence before	13c CITY FOR TO	and MEE III NO 5		7	
14,	FATHER'S NAME First	Middle Lost	IS. A	NOTHER'S MAIDEN NAME, FIRS	1 Middle	Last	
	. WAS DECEASED EVER IN U.S. ARMED FO Yes, na, ar unknawn) (It yes give war or dai		77 m	ormant v. Austin K	1. Wilequean 4;	73 9 Old Cour	f/2
	18. CAUSE OF DEATH (Enter only one PART 4. DEATH WAS CAUSED BY. IMMEDIATE CA	1 - (- ()	Vac	ewar	Acidad	APPROXIMATE INTER BETWEEN ONSET AND I	DEATH
		DUE TO, OR AS A CONSEQUENCE OF	10/	clerone	-5	year	3
	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				1	
7	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NOT	RELATED TO T	HE TERMINAL DISEASE OR COI	NDITION GIVEN IN PART I(a)		
ELFICATION	190 DATE OF OPERATION 196 CONDI	TION FOR WHICH OPERATION WAS PERF	ORMED	20o. AUTOPSY? YES NO NO	206. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING	G
MEDICAL CERT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	21b. TIME OF INJURY HOUR A.M Month Day Year P.M 19	21c. HOW	INJURY OCCURRED (Enter n	noture of injury in Port 1 or Port 2,	Item 18.)	
MĒ		OF INJURY (AT HOME, FARM, STREET, FACTO	RY.) 21f LOCA	TION Street or R.F.D. No.	City ar Town	County 5	State
	220. I certify that (I) (this ho sow the deceased alive causes stoted above, (I)	spital) attended the deceased on19 (we) (did) (did not) view the bo	48, and t	hot in (my) (our) opini	7_, ta, 19 ion death occurred on the de	△&, that (1) (w ote and haur and fro	/e) last om the
	22b SIGNATURE	1. huller	DEGREE			DATE SIGNED 1-15-68	4
_	22d PHYSICIAN'S NAME (Type)	c 6-1 mc/	<u></u>	22e. ADDRESS	R.l. Cw. 13	- 11/5 M	cl.
0/	BURIAL, CREMATION, REMOVAL (Specify) SHEAR PROCESSOR		METERY OR CR	2	23d LOCATION (City or town)	(County) (Stote	hed.
24.	TUNERAL DIRECTOR (1)	8728 Libert	Hoad	2So. REC'D BY	1.00	arlas Juege	



L +. 1			00591 DIVISIO	N OF VITAL PEG	RYLAND STATE DE ORDS, 301 W. PRES	PARTMENT OF	F HEALTH	AND 21201		
FOR ST	ATE /	J	tem 2a Film G3	MEDICA	L EXAMINER'S	CERTIFICATI	E OF DEATH	Im G397 1/26	6/68 kk 0	0589
HEALTH	DEPT.		ECEASED-NAME Firs		M ddie HENRY	lost STOEF	Stoffel	20 DATE KNOWN M		
ay is 3 ta Page	× 1	3 \$		S DATE OF BIRTH	6 AGE (in ye	77.777	IF LINDER 24 HRS	DEATH MATED X 2c. DATE PRONOUNCED DE		968 M
delay and 3 M3 Pac	rtmen		Male White		last birthda) MONTHS DAYS	HOURS MM		11, Yeor 196	
5,0	De la companya de la	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		MARRIED NEVER N	MARRIED 9. COU	NTY OF DEATH		-
	<u>a</u>	COUR	hy) Maryland	V.S.		al-balli.	VDRCED 🔲	Baltimore		Mo
Poges-1	est of the	10 (ITY OR TOWN OF DEATH		E OF MOSPITAL OR INSTITUTE of oddress) 16 F1 =	,	ol 120 USUAL OC	CUPATION (Kind of work of	Jone 12b KIND OF	BUSINESS OR
ifter death Give Pagi lang with	#	10	Dundalk		10 114	gship Rd.	Metal.	working ite, even if retir	Stee	1
0 00 0	land 2 with the after death		USUAL RESIDENCE (Where deceded dmission) STATE Md.	è una dimensiona	Baltimore Du	1	YES NO NO	13e STREET AND NUMBER 16 Flagsh	in Rd	
haurs Item 1 Office	rnd 2	14 F	ATHER S NAME First	Middle	cost	IS MOTHERS M		Middle	LP Ittle	Lost
Z C S	s of		Lewis	C.	Stoffel	MANA	Ahna		Huerman	
of a	pages		WAS DECEASED EVER IN U.S. ARMED es, no or unknown) (If yos gov	- was as defen of assure)	6 SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS		
be executed within "pending" in pencil iief Medical Examine	ile 72	<u>_</u> ,	*		213-07-9377	Donald W	. Stoffel	4107 Pineda		21236
ofed in in cal E	Trea-		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	ED BY:	for (o), (b), and (t).) Asphyxia due	to Carbo	n monovida			ONSET AND DEATH
e execute pending" ef Medica	per w		A 1 2 X IWWED	WIT CHOSE (D)	A CONSEQUENCE OF	to Galbo	II MOHOXICE			
per per	nsit even		Conditions, if any, which gave	1 "	A CONSEQUENCE OF					
ward the Chi	burial-transit permit I in any event withi		rise to immediate couse (a), stating the underlying couse	(b) DUE TO, OR AS	A CONSEQUENCE OF					
certificate shauld writing the ward srwarded ta the C	oria In a		last) (c)						
ertificate st writing the warded ta	5 2		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERM.NAL	DISEASE OR CONDITIO	N GIVEN IN PART 1(a)		
riffice iffing arde	g	6	11.	1						
wr.	3 shauld be used a ration, or remaval,	CERTIFICATION	190 DATE OF OPERATION	15	b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION			20 AU1	
This ficate, I be fa	d be or re	ERTI	210 EXTERNAL CALSE WAS	216 TIME OF IN	URY Month, Day, Year	21, HOW INTERV	OCCUPPED (Enter pot a	re of injury in Port 1 or Po		□ NO X
	guld m, a		PRIMARY OR CONTRIBUTING	?HOUR A.M.	1-10 1968			on monoxide		
INER: le certif shauld files.	3 sh	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e	PLACE OF INJURY (At	nome, form, street,	21f. LOCATION Street		City or Town	County	Stote
CAM e th e 4	Page 3 shaul		WHILE NOT WHILE X	ectory, office building, garage	etc.)	16 Flag	ship Rd.		Baltimor	e Md.
bical examiner: se execute the certification. Page 4 shauld	<u> </u>				remains described ab			pection TX Inquir		n my ap n an
CA Fe ex	CTOR: P		death resulted from:	Natural causes			Hamicide .	Undetermined mai		, ,
leas direc	5 t		Ch.	7		CI	HIEF MEDICAL EXAMINE	R .		
Y, p	prior		ACTUAL SIGNATURE	/ 2 .	Ja Ja		SSISTANT MEDICAL EXA	MINUN LAK	DATE SIGNED	
TO DEPUTY necessary, g the funeral S may be r	45		EXAMINER'S Charl	es S. Spri	ngate, M.D.		EPUTY MEDICAL EXAM! DDRESS(Street, city, to		nuary 11,	1968
To I	5 ±	230	BURIAL, CREMATION, 23b	DATE	23c NAME OF CEMET	ERY OR CREMATORY	23d.	LOCATION (City or Town)	(Caunty)	(Stote)
	.0			n. 15, 196		Park Ceme		Baltimore, M		
)/E 4	15ME FEM		funeral director .lrich Funeral :	Home Dim	adalic, Md.		2So. REC'D BY REC		RAR'S SIGNATURE	
	REV 1/38		TARGITA CARCIELL.	nome Du	wait, ma.		DATE JAN	L7 1968 ??	Leaving &	or plate.

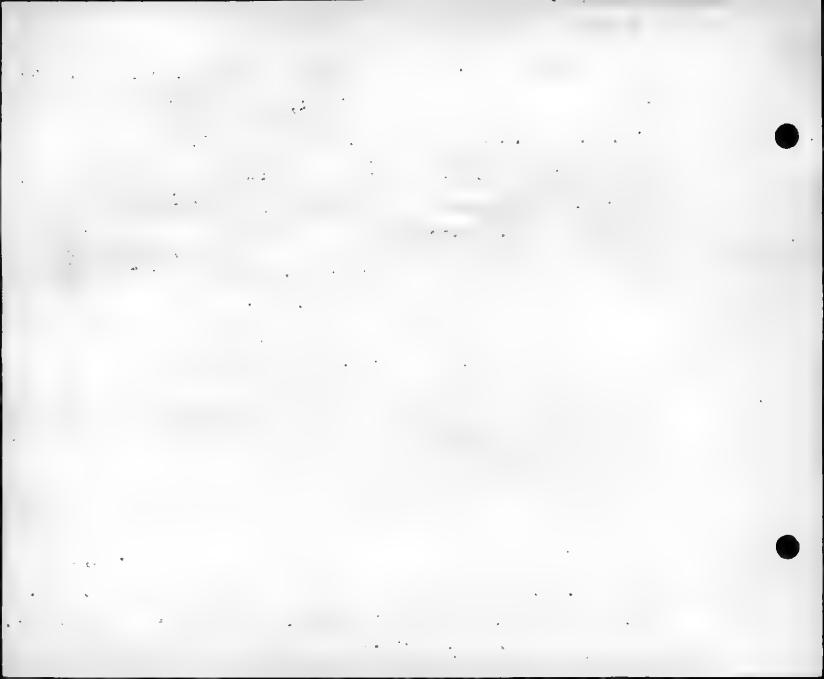


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				DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00.00
	(AA)			00592 CERTIFICATE OF DEATH 0	0590
	₽ A €			CEASED-NAME First Middle Last 20, DATE OF DEATH	2b HOUR
	dea		(1	ype or print) Harvey Mason Stoner / Month 1800	Year 68 9
	重大型		3. SE	X 4 FACE S. DATE OF BIRTH 6 AGE (In years 16)	MOER I YEAR IF UNDER 24 HRS
	# # # # # # # # # # # # # # # # # # #			Male White 8-21-1877 ast birthdoy) YRS. MONI	d2 (NEL) DOOR2 WHI
	10 P		7e. E	IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	d in pers		COU	Penna U.S.a. WIDOWED DIVORCED Baltimore	
	fille fille	,	10, 0	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR NDUSTRY
	with bon with	b		Daltimore Greater Bo To Med lenter Kettred Dentist	TD O STR T
	ed car car		13o. admi	USUAL RESIDENCE (Where deceased lived, it institution; residence before practity of town	a
	com com cow sove y ev	13		111 0. Dalto. 172 110 3324 Wisa	ave
	ex sex	41	14. F	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	last
	e bro		14.0	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INEQRMAN Address	
	that the death certificate be executed within 24 hours after death ian. by the attending physician and completely filled in by the fundral transit permit. Then please remove carbon papers. Pages I and cremotion, or removal, and in any event, within 72 hours after death		100. Y	es, nayor unknown) (If yes give wer or dates of service) and the service ()	
	phy phy hen novor				APPROXIMATE INTERVAL
	th o			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY AND THE CAUSE (a) CONTROL OF THE SPIRAL FOR THE SPIR	BETWEEN ONSET AND DEATH
	dea then rmit r, or			IMMEDIATE CAOSE (d)	
	the great the transfer of the period of the transfer of the tr			Conditions, if any, which gove	
	that to ian. by the transit cremo			nse ta immediate cause (a), (b)	
	d b			stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF COURSE	
	equires that physician. signed by burial tran burial, cren			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BURNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	law requires that the death certificate be executed within 24 hour nating physician. been signed by the attending physician and completely filled in by the burial transit permit. Then please remove carbon papers. Ps the burial, cremation, or removal, and in any event, within 72 houring to burial, cremation, or removal, and in any event,		_	16 1,	
	iNG PHYSICIAN: The law requires the by the hospital or attending physician. Ifer this certificate has been signed by be defoched for use as the burial tractive Dept. of Health prior to burial, cre	V	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	DERED IN CERTIFYING
	The afte has has a the plant	1	E	YES NO CAUSES OF DEATH?	
	I or cote			21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item HOUR A.M. Month Day Year	18)
	Partie Partie		MEDICAL	(If either, notify medical examiner) P.M. 19	
	G PHYSICIAN: the hospital or this certificate detached for u		×	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town Complete Building, etc.	ounty Stote
	the thing details and the deta				
	Stol Stol			22a. I certify that (I) (this hospital) attended the deceased from 1/9, 1968, to 1/18, 1969, and that in (my) (our) opinion death accurred an the date a	, that (I) (we) la
	ATTENDIN etained by CTOR: Afte should be vitil the Sta			causes stoted-above, (I) (we) (did) (did not) view the body after death.	na naor ana nom n
•	AT Short Sho			22b. SIGNATURE 22c DATE	SIGNED
	OR be r	,		DEGREE PHYS. L. DIRECTOR L. PHYS. L.	8/68
	TAL Mal I Pog e fill	1		22d. PHYSICIAN'S NAME (Type) P.Navidi 22e. ADDRESS 6701 N.Charles St.	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed will the State Dept. of Health prior to	٨			
	HO dge		23a.		ounty) (State)
	5- 5- 1	1	0.4	Divocare 1/22/001 Lowers 1 wat Consessed	Id.
	VR A15 (4) 30M REV. 1.2	18	Z4.	10 0 1 0 0 1 M 1 2 2 1988 & CONTRACTOR OF THE PARTY OF TH	The state of the s
	3000 NE 1. 17	1	4	eonard y. Ruck, Inc. Balto. 111d. 21214 DATE	





MARYLAND STATE DEPARTMENT OF HEALTH 06584 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00592 CERTIFICATE OF DEATH DECEASED NAME BERTHA M ddle 20. DATE OF DEATH 26 HOUR M. STRAHAN (Type or print) January 10 requires that the death certificate be executed within 24 hours after dea 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR Female White Dec 14, 1889 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country alto. Md. U.S.A. WIDOWED TO DIVORCED [Baltimore IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 58 Liberty Road during most of working ife, even if retired.)
Housewife INDUSTRY rural Baltimore 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIM TS? 8358 Liberty Road rural Balte YES [and in any 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Lost Lost Charles Morningstar Rosina Bichman 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 8358 Liberty Road Baltimore Md 21207 Yes, no, or unknown? signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Margaret R. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t Health prior ta b 19o. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item IB.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 12 20 -, 19 67, to 1 - 10 -, 19 67, that (I) (we) last saw the deceased alive an 10 - 19 67, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. Page 4 may be retained 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR Jan 11, 1968 DEGREE director, page 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Dr. Cesar Valle Cavero 8629 Liberty Road Randallstown Md, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (State) (County) Druid Ridge Cemetery Pikesville REMOVAL (Specify) Jan 13, 1968 Balto co Md. PUNERAL DIRECTOR 2So. REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH 00595 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00593 1. DECEASED-NAME Middle 2a. DATE OF DEATH death. require that the leath certifiente be executed within 24 hours after death. Manth / Day ond campletely filled in by the funitral remave carbon papers. Pages I and in any event, within 72 hours after deat (Type or print) MARGARET 3. SEX 6. AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH Se YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED BRLTO Mod DIVORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done DRC25+5 during most of working life, even if retired.) ARBUTUS give street oddress) SCAMSTRESS 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIMITS? dodmission) STATE 4806 LEEDS AVE 13b COUNTY NO T 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Last STROBLER CS5NER physician c ien please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates of service) N 1/016-10014 1/2 c Yes no, ar unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 节 has been 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 8 CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County State While Not while at work at work causes stated abaye, (1) (we) (the) (this pot) view the bady after death. 22b SIGNATUS ATTENDING PHYS MED. DIRECTOR directar, page Sebould be filed 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 131 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23o. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) NEW CATACOLA 3013 24. FUNERAL DIRECTOR VR A15 (4)



00596

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

00594

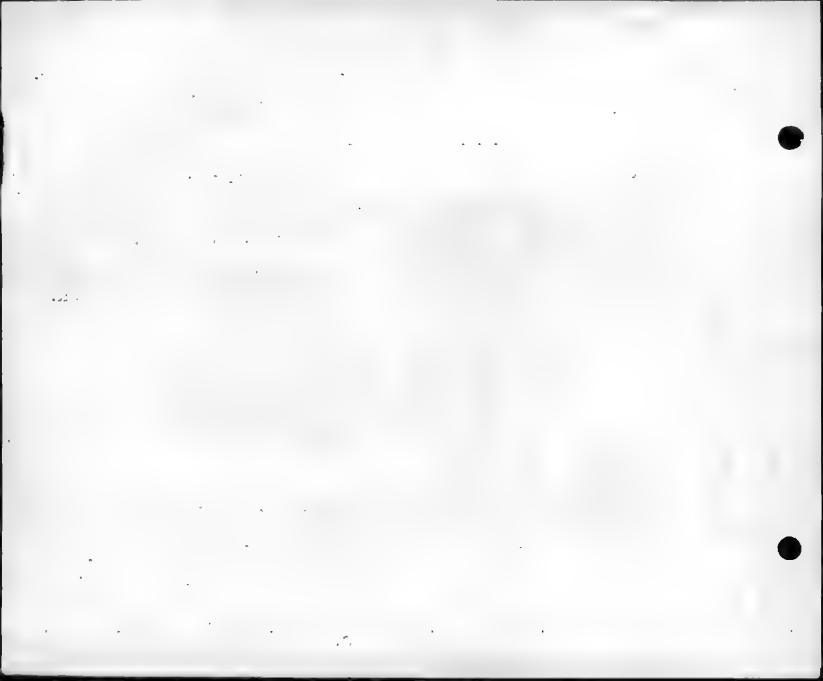
1 DECEASED NA												
		First		Middle		Last	2a. I	DATE OF DEATH			2b. HO	UR
(Type ar pri	ⁿ⁾ C:	ather	rine			Struhs		Man	th 29	y 1968	3/3/	1 1
3. SEX			4 RACE			S. DATE OF BIRTH		6. AGE (IF UNDER 1 YEAR	IF UNDER 24	
Fem	ale		24	hite		10-15-18	86	last bi	thday) S.L. YRS.	MONTHS GAYS	HOURS	MHN
	(State or foreig	n 7b	. CITIZEN OF W	HAT COUNTRY?	8 MARRIE	D NEVER MARRIED		NTY OF DEATH				-
country)	altimor	e Co	U.S	A.	WIDOWE]	Baltimor	е			Me
10 CITY OR TO	WN OF DEATH		31 N	IAME OF HOSPITAL OR IN		nat in haspital 12a U	SUAL OCCU	PATION (Kind of	wark dane		BUSINESS O	_
Cato	nsville		give	street oddress) Ric	leeway	Nursing during		rarking life, even DII SOWI. FO		INDUSTRY	House	>W
13a USUAL RES	IDENCE (Where	deceased	lived, of institu	tian: Residence befare	I3c CITY			13e STREET AND				
admission) ST	ATE Md		13b. COUNTY	(· · · -)	al	timore YES	NO 🗀	6708	Beech	Avem 6		
14. FATHER'S N	AME First		Middle	Last		IS MOTHER S MAIDEN NAMI	E First		M≀ddle		Last	-
	Augr	est.		Ho ffmar	1				Unkn	0.1100		
16a. WAS DECE	ASED EVER IN U.	S. ARMED		16b. SOCIAL SECURITY		, INFORMANT	*.		Address	OWIL		
Yes, no, ar u	nknown) (IE y	yz Bine mou o	r dates of service))		ar Louis Str	nhe t	YOR Dag	ch Arr	anua ik		
	E OF DEATH (Fr	ter only (The raise per l	ine far (a), (b) and (c)		<u> </u>	iano i	110:1	-11-12-12-12-12-12-12-12-12-12-12-12-12-	APPROXI	MATE INTERVAL	
PAR	i I. Death was 1	CAUSED B	Υ:			e H em		62			INSET AND DEAT	Н
	IA	AMEDIATE	CAUSE (a)			- rung		0		- / -		
Condition	s, if any, which	nave y	DUE TO, UK	AS A CONSEQUENCE OF								
	mediate cause		(b)									
	ne underlying c	ouse(DUE TO, OR	AS A CONSEQUENCE OF								
last.		3	(c)									_
PART 2.	THER SIGNIFICAL	IT CONDIT	IONS CONTRIBL	JTING TO DEATH BUT N	OT RELATED	TO THE TERMINAL DISEASE C	JR CONDITIE	ON GIVEN IN PART	1(a)			
<u> </u>		1.01.00										_
19a. DATE	OF OPERATION	196. (0)	ADITION FOR WE	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	_	CAUSES OF DEAT		CONSIDERED IN C	ERTIFYING	
ETIE						YES NO						
	DENT WAS UNDI		21b TIME O HOUR A.M	F INJURY Manth Day Year	21c.	HOW INJURY OCCURRED (Er	nter nature	of injury in Part	l or Part 2,	Item IB.)		
(If either,	notify medical i											
	RY OCCURRED					LOCATION Street or R.F.D	Na.	City or Town		County	Stal	0
(If either, 21d N While at wark	RY OCCURRED Not while	21e. PL	ACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ctary.) 21f.					,		
While of work	Nat while at wark	21e. PL	ACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUNLOWG, ETC.	ed from_	1 Jan 19	166,	ta_2 <u>9</u> (Kien 19	0 <u>6 %</u> , that	(I) (we)	la
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VR A15 (4) 30M REV 1/68

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be axacuted within 24 hauszafter death.

Page 4 may be retained by the hospital or attending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after



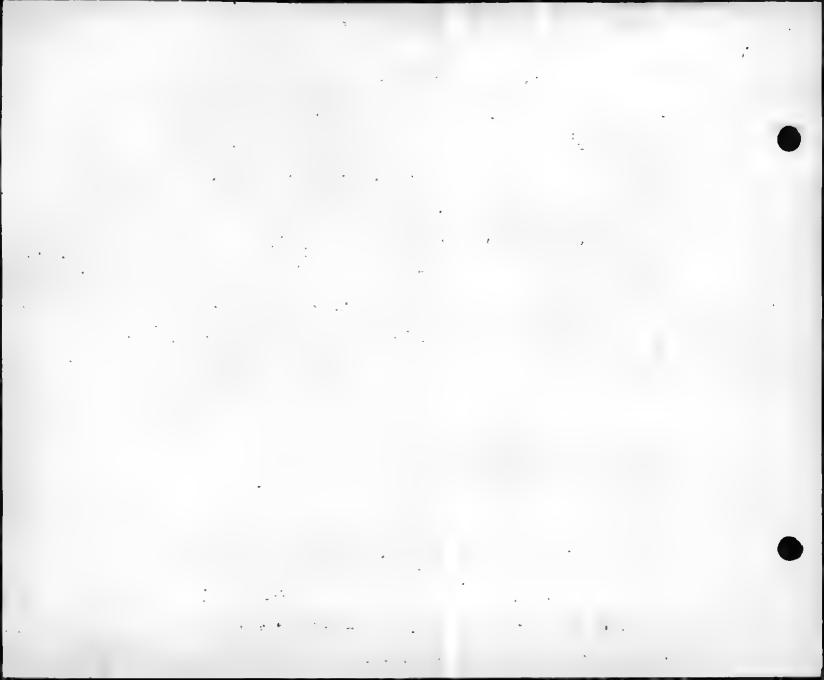
06597 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages if any should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal

30M REV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

) DI	ECEASED NAME	First		Middle		Last	200	DATE OF DEATH		2b. HOUR
	Type or print)	rest		Mnddie		rası	20.	and the second second	Yeor Yeor	29. HUUK
4.		RAMIN	TA FENO.	ALL CHIP	HASE	STUBBS		Jan 1	6 1968.	15 A1
3. SE		22, 130, 1, 1, 1	4. RACE		2111111111	S. DATE OF BIRTH		6 AGE (In years		F UNDER 24 HRS.
								last birthday)		HOURS MAIN
	Female			ite	1.	August-	4 - 18	81 86 YR	<u> </u>	
70. I	BIRTHPLACE (State or fo	reign	75, CITIZEN OF WHA	AT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. CO	UNTY OF DEATH		
COUT	Baltimo	re l	U.S.	Α .	WIDOWE		'	Baltimore		Mc
10 (CITY OR TOWN OF DEAT			ME OF HOSPITAL OR IN	ISTITUTION (UPATION (Kind of work doni	B 125 KIND OF BU	
				reet oddress)		docure		working life, even if retired.		JJINESS OK
	near Tows			Armacos		sing Home	XX.	XXXXX		
	USUAL RESIDENCE (Who	re deceose		on. Residence before	//3c. CITY	OR TOWN 136, INSIDE C	TY LIMITS?	13e. STREET AND NUMBER 3	100 St.	PaulS
adm	ission) STATE		13b. COUNTY	al-to-Cit	A Da	ltimore YES	NO 🗌	Hopkins A	nte-2121	R
14 (FATHER'S NAME FI		Middle	Last	AL DA	15 MOTHER'S MAIDEN NAM	- ()	M.ddle	hrs-erer	Last
14. 1										LOSI
	Thoma	as Ch	ipchase	Stubbs				se Duvall		
	. WAS DECEASED EVER II	U.S ARME	D FORCES?	16b. SOCIAL SECURITY	NO. J 1	7. INFORMANT: X A HLA X	Ä	Address	3100 St.	Paul
Y	and man an announce and		or dates of service)	914-44-9	851	Mice A.C. St.	nhhe	(daughter)		
_	no			<u> </u>		MISS ALU.DU	ubba		APPROXIMA	
	18. CAUSE OF DEATH	(Enter anly	one couse per lin	e far (a), (b), and (c).)	λ .	1'	. 4	BETWEEN ONS	
	PART I. DEATH W		E CAUSE (a)	Cill by	10-1/	rescular.	neu	rater thank	2-3	why
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A CONSEQUENCE OF	PX	Kerne blus	AP.	, , ,	4.	to a late
	Conditions, if any, wh	ich dave 7		4 4 5	serte		6.	1 A. D.	1.00	The state of
	nse to immediate co		(b)			elsery. Ic	- Karlanda	ueil oratio	(NY) Com	een.
	stoting the underlying	g couse	DUE TO, OR AS	s a consequence/oi						
	last.	}	(c)							
	PART 2 OTHER SIGNIF	ICANT CONE	ITIONS CONTRIBUT	ING TO DEATH BUT I	NOT RELATED	TO THE TERMINAL DISEASE	ORCONDIT	ION GIVEN IN PART I(a)		
	33/3		-							
CERTIFICATION	190. DATE OF OPERATIO	M I TON C	ONDITION FOR WAIL	CH OPERATION WAS P	CORMICO	20o AUTOPSY?		20b IF YES, WERE FINDINGS	CONCIDENCE IN CER	TIEVING
3	170. DATE OF OPERATIO	170. C	UNUTTION FUR WHIT	UT OPERATION WAS P	EKTOKMED			CAUSES OF DEATH?	CONSIDERED IN CER	ULTIBIO
₹ <u>1</u>						YES NO		Crieda de Serieiro		
	21a ACCIDENT WAS L			INJURY	21c.	HOW INJURY OCCURRED (E	nter natu	re of injury in Port 1 or Part :	2, Item 18 }	
MEDICAL	OR CONTRIBUTING C			Month Doy Yea						
9	(If either, notify medi 21d. INJURY OCCURRE				9	1001-1011 01 1 1 1 1				61.6
-	While I Not while o	218 7	TACE OF INJURY	OFFICE BUILDING, ETC.	ILIORI JI ZII.	LOCATION Street or R.F.D.	No.	City or Town	County	State
	While Nat while (_ _				4				
	22n 1 certify the	t (1) (this	hospital) atte	nded the decens	ed from_	Q 4 1	145	to	1968 , that (I) (we) los
	sow the dec	eosed oli	ve on /~	16	1962, c	and that in (my) (our)	noinion	deoth occurred on the	date and hour of	nd from th
	couses state	d obove,	(I) (we) (did) (did not) view the	body ofte	er death.				
	22b. SIGNATURE	ST C"	2/1		- /			22	c. DATE SIGNED	
		1-4-	76.	D. 7	11 1 n	EGREE PHYS	MED.	C STAFF C	1-12-	10
	and humaidiania	//_	1000	EG . 11	7 20 0	(1)113	DIRECTO	OR L PHYS. L	/ -//-	00
	22d. PHYSICIAN'S NAME (Type)	1/1	1)11	ale doc		22e. ADDRESS	-5 V	0000	1/-	40 /
	(tyunt (1) po)	V	IVVC	1004		140	2/	RIK Clie 12	c//entery	19 11/2
o	BURIAL, CREMATION,	23b D	ATE	23c. NAME OF	CEMETERY (OR CREMATORY	23d.	. LOCATION (City or Town)	(County)	(Stote)
	REMOVAL (Specify)							reenMount-30		218
24	FUNERAL DIRECTOR	1 08	ın-18-68	ADDRES:		25q REC	D DV DEC	ISTRAR 256 REGISTRAN		210
					-	ZQQ. KEC	1 M	1968 258 REGSIRAL	KS SIGNATURE	
St	ewart & M	OWED	-lo-108-	V-North-	Av. 2	1201 MAN	1. (1200		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06598 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH death. (Type or print) FDNA MARGUERITE STURGEON 3 SEX S. DATE OF BIRTH 6 AGE (in years 4 RACE last birthday) 2064 7, 1897 FEMALE WHITE YRS 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED DIVORCED DELTA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done give street oddress) during most of working life, even if retired)

00596

2b HOUR

IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS vithin 72 hours physician and comptetely filled en please remave carban pape 12b KIND OF BUSINESS OR INDUSTRY KINCSLILLE MT. VISTA AD C+ P TI-LEPHOY BUX 588-A TELENACE E OPER event, 1 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER RED NO P and in any 14 FATHER 5 NAME Middle Lost IS, MOTHER'S MAIDEN NAME First. Middle Last WHEELET MARGUER 16b. SOCIAL SECURITY NO. Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) [(If yes give wor or dates of service) or removal, 210-10-6202 JOHN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by the attendir burial-transit permit. Combar IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 # YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19c. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? for use Health p YES [NO O O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH... HOUR A.M. - Month Day (If either, natify medical examiner) be detached 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 1 214, LOCATION 21d INJURY OCCURRED City of Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from SI-PT 30, 1967, to VAN 1, 1968, that (1) (we) lost sow the deceased alive on _DIEC 25 __1962, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did net) view the body after death 22b SIGNATURE 22c. DATE SIGNED director, page 3 standed v DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) BRADSHAW 23c NAME OF CEMETERY OR CREMATORY (State) 23a BURIAL, CREMATION 23b DATE 23d LOCATION (City or Town) (County)

250. REC'D BY REGISTRAR

law requires that the death certificate be executed/within O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending

FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06599 CERTIFICATE OF DEATH Middle deat -DECEASED NAME First Last 20 DATE OF DEATH after death funeral (Type or print) Allen Gregory SURLOFF 4 RACE S. DATE OF BIRTH Caucasian signed by the attending physician and completely filled in the burial-transit permit. Then please remave carban papers Pacburial, crematian, or remaval, and in any event, within 72 hours PHYSICIAN: The law requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8 MARRIED NEVER MARRIED Maryland USA WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Give street oddress) Balto. Med. Center Towson 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY CIMITS? 13c. CITY OR TOWN admission) STATE 13b, COUNTY Md. Balto. 14 FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First First Jerry C. Surloff Janet Moerr 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, ng psunknown) (If yes give wor or dates of service) Jerry C. Surloff None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Multiple congenital anomalies DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p O FIINERAL DINECTOR: After this certificate has been use as the 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES X NO af far use Page 4 moy be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DER CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Manth Day Year director, page 3 should be detached should be filed with the State Dept. af (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d INJURY OCCURRED 21e. PLACE OF INJURY While Nat while at work 22b. SIGNATURE MED. DIRECTOR **ATTENDING** 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Rudiaer Breitenecker. M. D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

1-19-68

Wm.E. Johnson 8521 Loch Reven Blvd. 21204

Lakeview Mem. Pk. Cem

2b. HOUR 1:40a IF UNDER 1 YEAR 6. AGE (in years IF UNDER 24 HRS last birthday) HOURS MONTHS DAYS Baltimore 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) Child 13e STREET AND NUMBER Ivywood Lane 21204 1005 Middle Lost Address 1105 Ivywood Lane 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? City or Town County State 22c DATE SIGNED 1/17/68 Greater Baltimore Medical Center 23d LOCATION (City or Town) (State) (County) Cem Revnoldsville.

2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968

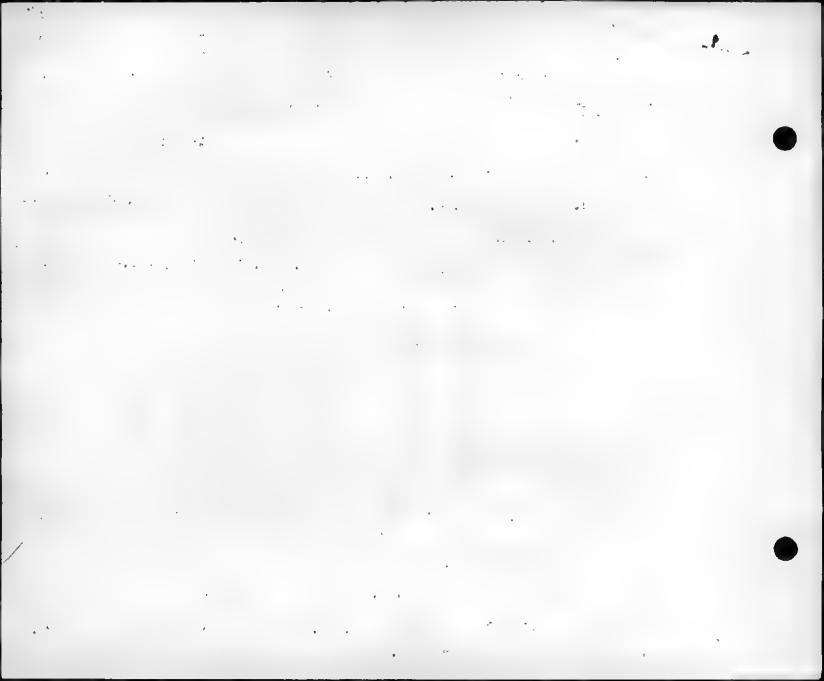
00597

VR A15 (4) 30M REV, 1/68

230 BURIAL CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)



06660

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar aftending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CERTIFICATE OF	DEATH		Over	
J===		I. DECEASED-NAME First	Midd.e	Lost	2a. DATE		.,	2b HOUR
	1 Y	(Type or print) Jehr	F. SY	BLEWSKI	Ja	nuary 14	68°°	6am M
事べ事。	-7	3. SEX	4. RACE	S. DATE OF BIR	RTH	6 AGE (In years institution)	IF UNDER 1 YEAR 1E	UNDER 24 HRS
the age rs af		male	white	Ma	y 12 1899	YRS.	MONTHS DAYS H	YOURS MIN.
by P			7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARI	9. COUNTY O	OF DEATH		
d in Sers 72 h		(duntry) Maryland			CED 🗍	Baltimere		Md.
		18. CITY OR TOWN OF DEATH	13 NAME OF HOSPITAL OR 1	NSTITUTION (If nat in haspital	12a USUAL OCCUPATION	N (Kind of work dane	12b, KIND OF BU	SINESS OR
₹ g ¥	3	Tewsen	give street address	esephs Hespit	Busines	ig lite, even it retired) S. Ren -	INDUSTRY A	•ц.т.
carl ent,		13a USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13C. CITY OR TOWN	3d INSIDE CITY LIMITS? 13e.	STREET AND NUMBER		
am ive	,	admission) STATMaryland	13b. COUNTY	Baltimore	YES NO	5414 Northur	n Parkwa	Ly
signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages J-end 'burial, crematian, ar removal, and in any event, within 72 hours affer-death	4	14. FATHER'S NAME First	Middle Last	IS. MOTHER S MA	IDEN NAME First	Middle		Last
din di	1	Michael			Anna	_	Pet	za
lea an		16a. WAS DECEASED EVER IN U.S. ARA Yes, no, or unknown) (If yes give w	mr or dates of seniral			Address		
phys oval		No -	217-09-67	44 Mrs.Sac	lie Syblew	<u>ski.3414 N</u>		
Em Thu		18. CAUSE OF DEATH (Enter on	y one cause per line far (a), (b), and (t).)			APPROXIMATI BETWEEN ONSET	
mit.		PART I. DEATH WAS CAUSEI JAMMEDIA	TE CAUSE (d) Acute my	ocardial infar	ction			
atta Perr		7	DUE TO, OR AS A CONSEQUENCE O					
the nat		Conditians, if ony, which gave a	(b) Congesti	ve heart failu	ire			
Fig.		stating the underlying cause(DUE TO, OR AS A CONSEQUENCE O					
ial,		lost)	17	clerotic cardi				
sig bur bur			DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIV	VEN IN PART 1(g)		
the r ta		8 4701						
as as prio	4	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F		4.11	IF YES, WERE FINDINGS CO SES OF DEATH?	INSIDERED IN CERT	IFYING
e ho		210 ACCIDENT WAS UNDERLYIN	C AN THE OF WHILE	YES _	NO 12			
far		S 210 ACCIDENT WAS UNDERETTED		IT ZTC. HOW INJURY OUC	JRRED (Enter nature of in	jury in Port 1 or Port 2, II	em 18)	
ertiil ed . af		OR CONTRIBUTING CAUSE OF DEAT		19	D.C.D. W			
tach tach Dept		While Mot while	PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street	ar R.F.D. Na. G	ty ar Tawn	County	State
de de lite			s hospital) attended the_decea	Januar y	11 19 68 , to.	January 140	68 that (I	16.31
Afte I be Sto		saw the deceased a	ive on January 14	.1900 and that in (my	(our) opinion death	occurred on the dat	e and hour on) (we) last
age of the		causes stated above	, (I) (we) (did) (did nat) view the	e body ofter death. 🔪 🧴	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
With the second		22b SIGNATURA		ATTENDIN	G MED.		ATE SIGNED	
Dig Ge		1100	my ph	DEGREE PHYS	☐ DIRECTOR ☐	PHYS X 1-	-14-68	
Par Par Par Par		22d. PHYSICIAN Jaime NAME (Type Jaime	e Singzon, M.D.	22e. ADDI	York Road,	Towson Md	27.204	
Star,								
TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta		23o. BUR-AL, CREMATION, 23b REMOVAL (Specify) 1	1 110	F CEMETERY OR CREMATORY	1	TION (City or Town)	1 17	(Stote)
2	3	Rurial /	17/68 Sacre	d Heart	2Sa. REC'D BY REGISTRAR	more B	alto.	Md.
VR A15 (4) -		M.F.SADOWSKI &		TERN AVE		0.00	West Jus	48
	.	T. T. POWDOMDUT C	C DOND, FOOD DAS	TUM HAD	DATE 1 16	1968 Fall	0	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0059900601 CERTIFICATE OF DEATH (ZOFIA) 1. DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) SZCZEPANIK SOPHIA IF UNDER 1 YEAR 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years last birthday) MDNTHS 1 WHITE FEMALE JUNE 15 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED POLAND BALTO POLAND WIDOWED RT DIVORCED | 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCLPATION (Kind of work done 25 KIND OF BUSINESS OR give street gddress) during mast of warking life, even if retired.) TAILORING ESSEX SEAMSTRESS 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY ESSEX YES 14 FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost BARRARA Address 406 DORSEY 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Yes, no, or unknown) SZCZEPANIK BALTO MA.21 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) PART I. DEATH WAS CAUSED BY.

1MMEDIATE CAUSE (d) DUE TO, OR AS A CONSEQUENCE OF Cotes is desolie o'cocular des Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO TT O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County State City or Tawn While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from 1/34, 1967, to 1/30, 1968, that (I) (we) last saw the deceased alive on 1/24 1968, and that in (my) (our) opinion death occurred an the date and haur and from the director, page 3 should should be filed with the causes stoted above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** 130/68 DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS GLATT, M.D. NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BUR:AL, CREMATION, (County) REMOVAL (Specify) Holy Posony 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4] 30M REV, 1/68

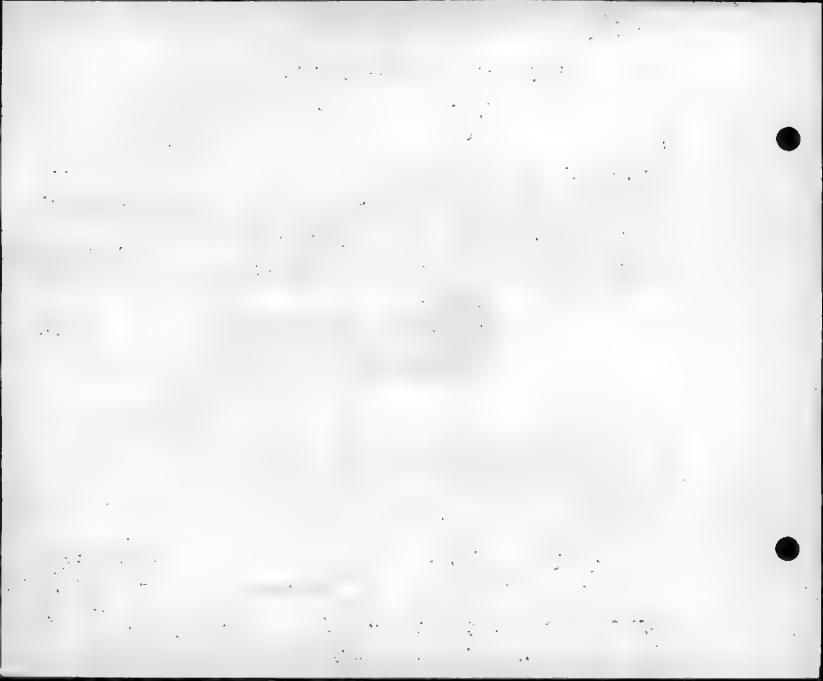


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120) 06602 CERTIFICATE OF DEATH 00600 I. DECEASED NAME Middle First Lost 20. DATE OF DEATH Jan. Month 15Doy 68 Year (Type or pont) Talbott Benson 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In veors IF LINDER 1 YEAR March 22, (asChirthdoy) HOURS Male White 1909 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED requires that the Leath certificate be executed within 24 ha Baltimore Carroll Co. WIDOWED [DIVORCED [USA ID CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street eddress Dogwood Road during most of working life, even if retired)
GUAPA Track Woodlawn 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 136 INSIDE CITY LAMITS? odmission) Statinaryland 13b (GBM) timore NO X 5508 Dogwood Road Woodlawn YES [remaye and in any 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Lost Jefferson Talbott Sarah Hanson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes no or unknown) 5508 Dogwood crematian, ar remayal, 213.12.2142 Virginia D. Talbott 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), ond (c))
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH CARCINOMATOSIS ENEBA (1740 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) CINOME rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work **DIRECTOR:** After 17/11/67, to _19 Cf_, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (I) (we) (did) (did-nat) view the bady after death. 22b. SIGNATURE ~ 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL NAME (Type): 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 230. BUKIAL (KEMAITON,
REMOVAL (Specify)
Buris 1
24. HINERAL DRELIOR
1. T. Stansbury Lorraine Park 256 REGISTRAR'S SIGNATURE Woodlaum 2So. REC'D BY REGISTRAR VR A15VAP 6411 Windsor Mill Rd.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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Ę	-25 E			(EASED-NAME First Middle Last 20 DATE OF DEATH Month, Doy,	Year	2b HOUR
dec	1 5 a	1	4.1	ANIUNIO MAKANTINO 19-19-	68	620 M
ie.	2 6/		3. SEX			HOURS MIN.
hours ofter deat	t g a	71		MALE WHITE 4-22-1898 last birthday YRS. MONT	D DNE.2	TOURS MIN.
Sinc	→		7a B	RIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF PEATH		
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를 `	生之主	, 1			NDUSTRY	_
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GCU	nd com remove any ev	ŀ	la P	TRIDE DE	ikgt.	714
6	ond co	J.	14 1/	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME Fuel Middle		LOST
ڡٞ	cion c ease ond ir	Ĩ.		MASQUALE PARANTINO FLORA PENNINNO		
the death certificate be executed	sicio Sed on	- 1	160. Yı	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANI TO PORT TO SOCIAL SECURITY NO. 18 INFORMANI TO SOCIAL SECURITY NO. 18	MIR	PoLis
惶	y h	Į.		HJ. TARANINO SOUTHS	<i>Z</i>	MD.
9	ing phy Then removo			18. CAUSE OF DEATH (Enter only one cause per line for [q], (b), and (c))	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
ŧ	TO 4.	- 1		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) A Company of the Company of th		
99	otten permi ion, or		_	DUE TO OD AS A CONSTRUITION OF		
井				Conditions, if any, which gave) a Illant Connashue facilities -	14de	red -
hat	by the rransit cremot			rise to immediate cause (a),		
E S	유보고.	- 1		tost (c) Inderlying couse (c) Industrian (c)		
uire	gne	_		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
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含분	8 = <u>-</u>	-1	<u>S</u>	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDER	EPED IN CEPT	TEVING
ther		ス	CERTIFICATION	YES NO MY CAUSES OF DEATH?	ERED III CERT	11 11110
± 5	or use	+	E	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1	10 \	
A S		- 1	₹	☐ OR CONTRIBUTING ☐ CAUSE OF OEATH HOUR A.M. Month Day Year	10.)	
	ed	- 1	MEDI	(If either, notify medical examiner) P.M. 19		6
높음	och ept	_ 1		While - Not while - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	unty	State
5 5	te de la			at work — at work —		
<u>R</u> .≥	Sta Sta	- 1		22a. I certify that (1) (this haspital) attended the deceased from 0-30-1014, 19, 10, 10, 1-12, 19, 50 sow the deceased alive on 1-12, 19, 50, and that in (my) (aur) opinion death accurred on the date or	, that (I) (we) last
N To	# P P P	- 1	- [couses stated above, (1) (we) (did) (did not) view the body ofter death.	na nour on	a from the
T ig	5 5 4		- 1		SIGNED	1 1
2 5	DIRECT 3 s led will			DEGREE PHYS. DIRECTOR DIRECTOR PHYS MED.	120	168
0.2	- X2-	,	H			ATHORI
A L	Z be			22d. PHYSICIAN'S NAME (Type) EMILIO A. TRUJILLO SPRING GROVE STATE HO	15/2,	MA.
OSP A	O FUNERAL director, po should be f		720	BURIAL CREMATION, 236 DATE 23C NAME OF CEMELERY OR CREMATORY 230 LOCATION (City or Town) (Co	- mtul	(State)
HO	를 들는 사람이 있다.)	4.50.	PREMOVAL (Specify)	177	(State)
2	್ ೬೯೯	1	24	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 250 REGISTRARS SIGNI	ATURE	100
	VR A15 (4) 30M REV 1/6	u j	7	1/ 1/1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/	DO MAG	a -
	VW DE+ 1/5	~ }	100	my VI. 107/0 + Tong Churcholas, 1/40 DATE SAIL SO		



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

Page 4 may be retained by the haspital ar attending physician.

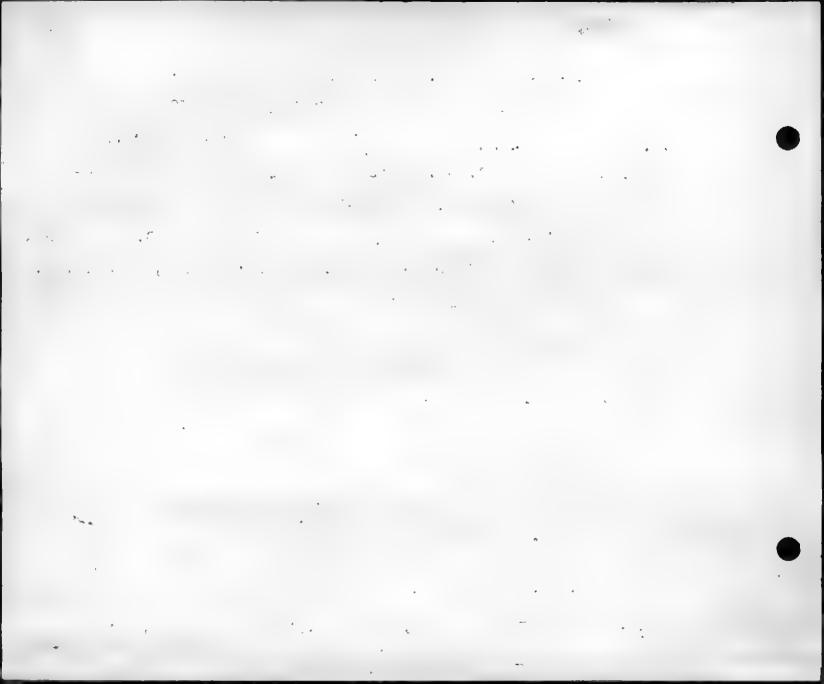
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Rages—should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs of

VR A15 VIV

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1					(EKIIFI	CAIF OF	DEATH				000	
1		CEASED NAME	First		Middle		Lost		2o. DATE (2b. HOUR
н	{T	(ype or print)	STANI	θY	M.	TAN	LOR			Month	Doy	68 Xeer	R:40PM
l i	3. SE	X		4. RACE			S. DATE OF	BIRTH		6. AGE (In y	eors	IF UNDER T YEAR	IF UNDER 24 HRS.
		MALE		NEGRO				/11/17		lasorinda	Oy) YRS.	MONTHS DAYS	HOURS MIN.
	70 B	BIRTHPLACE (Stote	or foreign 7	b. CITIZEN OF WI	IAT COUNTRY?	B. MARRIED	NEVER M	ARRIED	9 COUNTY O				
	COUT	IRGINIA		U.S.A.		WIDOWED		ORCED [BALT	IMORE C	OUNT	Υ,	Md
Ī		ITY OR TOWN OF E	EATH	11. NA	AME OF HOSPITAL OR INS					N (Kind of wor		12b. KIND OF	BUSINESS OR
		RT HOWAR				SPITAL		TAI	LOR	ig life, even if r		INDUSTRY TAIL	OR SHOP
	30 Mm	USUAL RESIDENCE	Where deceosed		ion: Residence before	13c. CITY O		13d. INSIDE CITY U		STREET AND NU			
- 12		ssion) STATE MA			ORE CITY	BAIT		- 34		641 Rux		Avenue	
-0-	14 F	ATHER'S NAME	First	Middle	Lost		5. MOTHER'S	MAIDEN NAME F			hiddle		Lost
			UNFERT					ŀ	LATTIE		UE	I	AYLOR
1	160. Y	WAS DECEASED EV	R IN U.S. ARMED	or dates of service)	16b SOCIAL SECURITY N		INFORMANT				ddress		
		es no or unknown	WW	II	214 26 84	19 (CLIN, R	ECORDS,	VA HO	SPITAL,	FI		
					ne for (o), (b), and (c).)								MATE INTERVAL INSET AND DEATH
1		PAKI I, DEAI	H WAS CAUSED 1	E CAUSE (o) _ C	ARCINOMA O	F COL	ON						
		15' X			S A CONSEQUENCE OF								
-		Conditions, if ony		(b)									
1		rise to immediat stating the unde			S A CONSEQUENCE OF								
1		lost. 15 3 8 (c)											
1		PART 2. OTHER S	GNIFICANT COND		TING TO DEATH BUT NO	T RELATED 1	O THE TERMI	NAL DISEASE ORC	ONDITION GIV	/EN IN PART I(o)		
1	2	BRONCH	OPNEUMO	NIA, LE	FT LUNG								
	ATIO	190. DATE OF OPER			ICH OPERATION WAS PER	RFORMED	20a. AU	TOPSY?		IF YES, WERE FIL	NDINGS CO	ONSIDERED IN C	ERTIFYING
	CERTIFICATION						YES [X NO	CAUS	ES OF DEATH?			
		21o. ACCIDENT W				21c. l	IOW INJURY (CCURRED (Enter	nature of in	jury in Port I of	Port 2, I	tem 18.)	
1	MEDICAL	OR CONTRIBUTING (If either, notify r			Month Day Year								
1		21d. INJURY OCCU	IRRED 21e. PI		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		OCATION St	reet or R.F.D. No.	Cit	ty or Town		County	Stote
		While Not who ot work	, ,										
		22a. I certify	that (2) (this	haspital) atte	ended the decease	d fram_	10/23	/67_, 19_	, to	1/15/6	<u>රි 19</u> _	, that	(I) (we) last
1		saw the	deceased aliv	ve an 1	15/00	9ar	d that in (附) (aur) api	nian death	accurred an	the dat	te and haur	and from the
1		causes st	ated abave,	(We) (did)	(did not) view the l	ody atter	death.						
1		22b. SIGNATURE	0		1 30.10		ATTEN	DING M	IED.	STAFF		DATE SIGNED	
1		ee L expedicions	×1011	alvent	rne	DEG	11110		RECTOR -	PHYS.	и т	/15/68	
		22d PHYSICIAN S NAME (Type)	JOHN D	. TALBE	RT, M. D.			DDRESS A HOSPI	ral, f	T HOWAF	RD, M	ARYLANI)
	23o.	BURIAL, CREMATIO REMOVAL (Specify)	N, 23b Da	19-68	23c. NAME OF	EMETERY O	RCREMATORY			TION (City or To		(County)	(Stote)
		BURTAT.				TIMOR	E NATI			LTIMORE	, MA	RYLAND	
13	24/	PUNERAL DIRECTOR	1	1	ADDRESS CHARLES	TAW W	TIMERAT	2So REC'D B	Y REGISTRAR	7 1968	SISTRADAY	Charles	Judge
K	_/	Marlie	1.12	aw	MADISON	TEM T		CRE MD	ALIM Y				7 0
					- 11סקדלישיין	TI TI O	المبكر بالمسابق المبيق	CALL 6 LIN	9 /		-	7	



MARYLAND STATE DEPARTMENT OF HEALTH



IO MOSFITAL OR ATTENDING PRYSICAM: The faw requires that the death certificate be executed within 24 hours

00606

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00605

I.	DECEASED-NAME First	Midd e	Last	2a. DATE OF DEATH	2b. HOUR
ı	(Type or print)	1_	Thampen	Month	Day Year 6: 100M
3	SEX 4 RACE		5 DATE OF BIRTH	V January]	O JOAR 15: 1100" IF JINDER'S YEAR IF LINDER 24 HRS.
L	Female	White	12/15/90	last birthday)	RS. MONTHS DAYS HOURS MIN
7a	. BIRTHPLACE (State or foreign 7b. CITIZEN O		RIED NEVER MARRIED	9 COUNTY OF DEATH	1146
	rintn/l	MAN	WED 3 DIVORCED	D. 74 ·	Md
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION	74	Baltimore AL OCCUPATION (Kind of work do	
	Catonsville CSUAL RESIDENCE (Where deceased lived, if ins	give street address)	iduring n	nast of warking life, even if retire	d.) INDUSTRY
13	o USUAL RESIDENCE (Where deceased lived, if ins mission) STATE 13b. COUN	ititution. Residence before 13c. (1			
-	Maryland	Baltimore	YES N	°□ 5812 Lochle	r Road - 21209
14	FATHER'S NAME First Midd	lle Last	15. MOTHER'S MAIDEN NAME	First Middle	
	Edwin L. Brenneman		Bertha M. J	lamison	
16	o. WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	Addres	S
	Yes, no, or uniqueyn) (If yes give war or dates of service	1 220-44-6572	Records Snr	ing Grove State	Hogoitel
=	IN CAMER OF PEATH (C.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TICOULDB. DOL	THE GLOVE STAFF	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter only one couse p PART I, DEATH WAS CAUSED BY:	1 20 / 10 / 10	1100		BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Hear ter	1103		
		ORIAS A CONSEQUENCE OF			
	Conditions, if any, which gave	Beest cam	Co, hatthes	5 to 1.	
	# USB 10 Immediate (DOSP 10.1)	OR AS A CONSEQUENCE OF			
	lost. (c)				
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	1 , .				
CEDTIENCATION	19g, DATE OF OPERATION 19b, CONDITION FOR	R WHICH OPERATION WAS PERFORMED	D 20g. AUTOPSY?	20h IF YES WERE FINDING	GS CONSIDERED IN CERTIFYING
ELCA	The British of Lamber	T PRINCIPAL ENGINEER PRINCIPAL ENGINEER	YES P NO	CALLETT OF DOATUR	os considentes in centra into
TDI	21a. ACCIDENT WAS UNDERLYING 21b. TIN	AE OF INJURY 2			0.4-10
			CIC HOW INJURY OCCURRED (ENT	er noture of injury in Part I or Port	1 2, Ifem 18.)
MEDICAL	(If either, notify medical examiner)	P.M. 19			
2		JRY (AT HOME, FARM, STREET, FACTORY) 2	21f. LOCATION Street or R.F.D. N	a. City or Town	County State
	While Not while at work of work	(, ,	
	22a certify that (1) (this haspital)	attended the deceased from	n 1 - 10, 19	<u>οδ, to Jan. 10</u>	19 68 , that (14) (we) las
	saw the deceased alive an	1-10 1968), and that in (my) (620) ap	inian death accurred an the	date and hour and fram the
	causes stated above, (1) (vie) (c	lid) (di struit) view the bady a	fter death.		
	22b. SIGNATURE	7	~ ATTENDING	MED STACE	22c. DATE SIGNED
	1 11 101176	3	DEGREE PHYS.	MED STAFF DIRECTOR PHYS	1-10-68
	22d. PHYSICIAN'S		22e. ADDRESS		Catonsville,
	NAME (Type) A. B. H	Hooton, M.D.	Spring G	rove State Hosp	ital Md. 21228
23	g BURIAL, CREMATION, 23b. DATE	23c NAME OF CEMETER	RY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	REMOVAL (Builtial Jan. 1	5,196B Greenmon	unt Cemetery	York	(Caunty) Penn.
24	. FUNERAL DIRECTOR	ADDRESS			AR'S SIGNATURE
[]	Wm J. Tickner & Son				aris jagin
	AIM 6 TICKLET OF DOD'	p par armore live.	# I DATE PACE	I I O LOUGH A	11 0

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00607 00606 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 2o. DATE OF DEATH 26 HOUR (Type or print) Jan. Month Melvie Thompson ga 4. RACE S. DATE OF BIRTH 3. SEX 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS log girthday) March 16, 1899 White Femand 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED NEVER MARRIED country) Balto. Md. U.S.A. Co. WIDOWED (DIVORCED T 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Upperco 130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d WRIDE CITY LUMITS? 13e STREET AND NUMBER edmission) STATE 13b. COUNTY Balto. Co. Rd Upperco 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Last Hale Morfoot Georgeanna Lewis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) Mr. Edgar M. Thompson Box 368 Upperco, Md. 217-36-4734 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSPOUENCE OF stating the underlying cause 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 🔲 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year

(If either, natify medical examiner) 21d INJURY OCCURRED

21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No.

City or Town

Stote

While Not while of work

22b SIGNATURE

DEGREE

ATTENDING

PHYS.

22c DATE SIGNED

PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

M. C. Porterfield

Jan. 17, 1968

23c NAME OF CEMETERY OR CREMATORY Foreston Cemetery

220. ADDRESS Hampstead, Md. 23d. LOCATION (City or Town) Upperco

(County) (State) Balto. Co. Md.

County

24. FUNERAL DIRECTOR

ADDRESS Tipton - Eline Funeral Home Hampsteadm Md.

MED. DIRECTOR

30M REV.

has been

O FUNERAL DIRECTOR: After this certificate

requires that the death certificate be executed within 24 hours after death

director, po should be f



MARYLAND STATE DEPARTMENT OF HEALTH



d in by the Idneral pers. Pages 1 and 2 72 haurs after death.			CEASED-NAME First ype or print)	Middle	m_	Lost	2a. DATE OF DEATH 1 Mont	1 Day 6	8 Year	2b. HOUR
de de de			gobt			lisz	-			1120 M
He See Ca		3 SE	X Female	4 RACE White	S.	June 25, 19	18 6. AGE (I	hday) MON		UNDER 24 HRS OURS MIN.
E SE		7- 1		7b. CITIZEN OF WHAT COUNTRY?	19		COUNTY OF DEATH	YRS.		
in B		caur		USA	widowed	NEVER MARRIED 7	Balti	more.		
2 2 2		1D C	ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL O			OCCUPATION (Kind of		2b KIND OF 8U	SINESS OR
ar ban page with the page with			Towson	give street oddress)	eph Hospit	al during mos	st of working life, even momaker	if retired)	NDUSTRY	JII (23) () (
		130	USUAL RESIDENCE (Where decease	d lived, if institution. Residence bef	ore 13c CITY OR TO	WN 13d. INSIDE CITY LIM	TS? 13e STREET AND	NUMBER		
aquies mat the again certificate be executed by sician. Signed by the attending physician and complet burial-transit permit. Then please remave (ar burial, cremation, ar remaval, and in any event.	*	odm	ssion) STATE Maryland	136. COUNTY	/ Baltimo	YES 29 NO	318 S.	Washing	ton St	#31
any cany	4.	14 F	ATHER'S NAME First	Middle La	st 15. M	OTHER'S MAIDEN NAME FIR	st	M-ddle A		Last
on a Ise r		_	JOHN 50	KOLONISK	۷ ا	TEDHAN.	11A SOK	OLON	15 K I	
ncare be ex ysician and please rem al, and in an				ED FORCES? 166 SOCIAL SECUR	TIT NO. 17 INFO	RMANT	T.1:02 V	Address S	183	
nat the acoun certificate or. A. The aftending physician ansit permit. Then pleas remain and and remain, an removal, and			In CANCE OF BEATH IS	4/1-/6	(15.30 M	1011AE 1	<u> 7//3 </u>	<u>/F\\ </u>	APPROXIMAT	E INTERVAL
ding rem			PART I. DEATH WAS CAUSED		stive Hear	t Failure			BETWEEN ONSE	T AND DEATH
aed Iffen ermij n, ar			mmedia 3	DUE TO, OR AS A CONSEQUENCE						
The of it pot atio			Canditians, if any, which gave)	Mening						
on. by trans			rise to immediate couse (a), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE	OF					
sicio Sicio led l al, c			lost.	(c)						
			PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO TH	IE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART	1(0)		
ding ding een the urta		NO	190, DATE OF OPERATION 196, O	AUDITION FOR WHICH OREDATION WE	COURCERUIT	do- AUTADOVA	206, IF YES, WERI	CINDINGS CONS	DEDER IN CERT	KAIRC
ILIAN: Ine law re pital ar affending rificate has been d far use as the af H≡aith priar ta	- 1	CERTIFICATION	170. DAIL OF OPERATION 170. C	ONDITION FOR WHICH OPERATION WA	S PERFORMED	2Do. AUTOPSY? YES EX. NO []	CAUSES OF DEATH		DEKED IN CEKT	IFTING
ficate I far us far us			210. ACCIDENT WAS UNDERLYING	G 216. TIME OF INJURY		INJURY OCCURRED (Enter	nature of injury in Part	or Part 2, Item	18.)	
		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) HOUR A.M. Manth Day 1	reor 19					
by the host fifter this cer be detache State Dept.		ME	21d INJURY OCCURRED 21e. While Not while at wark of wark	PLACE OF INJURY (AT HOME FARM, STREE OFFICE BUILDING, ETC.	T, FACTORY,) 21f. LOCAT	TON Street or R.F.D. No.	City or Town	C	ounty	State
ter tate			22a. L certify that (I) (thi	s haspital) attended the decive an January 1	eased from De Ce	mber 11, 19 6	7, to anuary	1 19 6	8, that (4	(we) last
			saw the deceased al	ive an January I , (4) (we) (did) (36 à61) view i	19 <u>00</u> , and the	ıat in (iñy) (aur) apın _{ith}	ian death accurred	an the date o	and hour an	d fram the
retained retained ECTOR: // 3 should with the			22b SIGNATURE A	O A .	ine budy difer dec	int.		22c. DATE	SIGNED	
જ હેં ≅ે લ દ			1 Cc+	ling	DEGREE	ATTENDING ME	ED. STAFF RECTOR PHYS	Janu	ary 1,	1968
	1		22d. PHYSICIAN'S NAME (Type) ines	Cilliani, M.D.		22e. ADDRESS 762	0 York Rd.	Towson	. Md.	21204
FUNER FUNER irrector,	0	.00			OF CEMETERY OR CRI	<u> </u>	23d LOCATION (City or			Mana 3
Page 4 may O FUNERAL director, pa	The	230	BURIAL, CREMATION, REMOVAL (Specify)	5/68 HOLV	ROSAR1	CFM	BALTO 1	Not.	aunty)	(State)
VR A15	MXI	24.	FUNERAL DIRECTOR	ADD	RESS 401	250. REC'D BY	REGISTRAR 25b	REGISTRAR'S SIGI	VATURE	2
30M REV.	1)(4)	2	TOTAL MY WEL	DER +SORISIRIC	CHES	TER DATE AN	۵ اتا ۵		10	

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I. DECEASED-NAME



M 20610

ofrer death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

00609

- 1			
		DECEASED NAME PAUX FRANCIS (Lost Cost Of DEATH Of Month 26 Day 68 Year 1.	HOUR 15 PM
	3. SE	MAKE CAU 05/26/02 lost birthday) YRS. MONTHS DAYS HOURS	R 24 HRS.
	coun	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19 COUNTY OF DEATH WIDOWED DIVORCED BANT MORE	Md
		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done libb Kind OF BUSINES) 12b KIND OF BUSINES 11DINTERY	
	130	D LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	im.)
J		FATHER'S NAME First Middle (Lost IS MOTHER'S MAIDEN NAME First Middle Last	
1		Chement Ocker Mary DONNelly	
		o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If you give war or dates of service) 320-36-8732 PATIENTS Chart	
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Brain heworhage	DEATH
		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	74-14-
		tise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o)	
	E0	4.	
1	RT FICATION		b
	I.CAL CERT		
	ME		State
		22a. I certify that (I) (this haspital) attended the deceased from 1.6 , 1968, to 1.26 , 1968, that (I) (v saw the deceased alive an 1.26 , and that in (my) (aur) apinion death accurred an the date and haur and frequency stated abave, (I) (we) (did) (did nat) view the bady after death.	ve) last am the
		226 SIGNATURE Rahin M. Bassii DEGREE PHYS. DIRECTOR DIRECTOR PHYS. & 1/26/65	7
1		22d. PHYSICIAN'S NAME (Type) RAHIM, M. BASSIRI 220. ADDRESS G.B.M.C.	
alian d	23a.	a. BUR AL CREMATION, PARKWOOD COMETERY OR CREMATORY Baltimore, Md. (County) (State Parkwood Cometery Baltimore, Md.	e)
3	Ľe	eonard Ruck, Inc. Balto. Mc Pares 1211.	-

VR A15 (4) 30M REV 1/68

Page 4 may be retained by the haspital or attending physician.

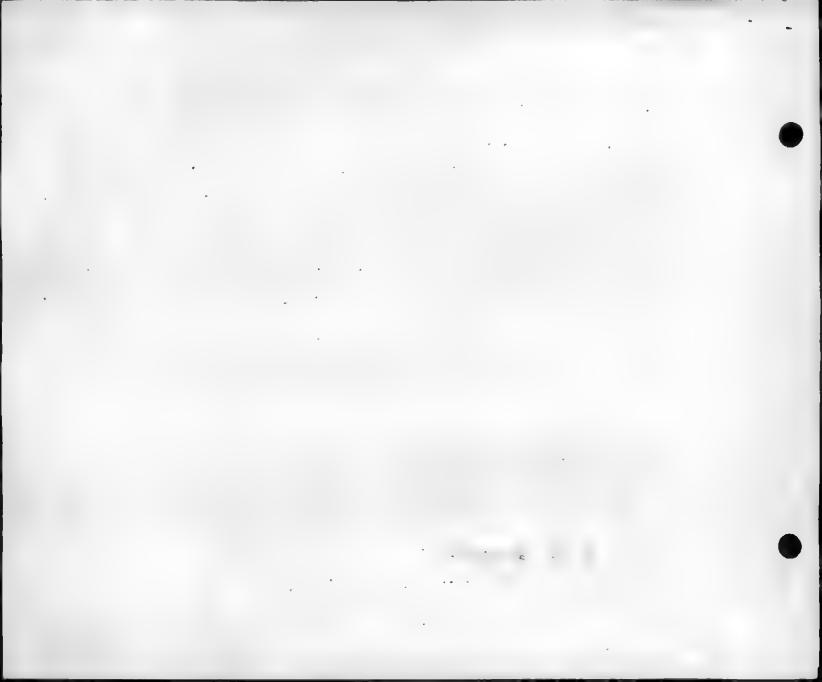
O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers Pages 1 and 3 should be detached for use as the burial, crematian, ar remaval, and in any event, within 72 haurs after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haul



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ofter de 3 Give	£ £				CE (Where decease	d lived, if institu	ition Residence	before 13c CIT		d INSIDE CITY JAKITS?	13e STREET AND	NUMBER		141-
2 00 C	with	*	od	m ssion) STATE	IARY LAND	136 COUNTYB	ALTIMORE	5		YES 🔲 NO 🔀	2904 TA	MARACK	COURT	#21200
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in 2	pages				ER IN U.S. ARMED FO		16b. SOCIAL SECU		17. INFORMANT			DDRESS		
I within 24 n pencl in Examiner's		- 1	(Te	s, no, or unknov	/Ti) {If yes give wi	w or dates of service)			IR. BENJAN	IN UNGER	R. 2904 T	AMARAC	K CT. #	21209
E E	armit File		Ī	1B. CAUSE OF	DEATH (Enter only	one couse per la	ne for (a), (b), o			/400-140-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			APPROXI	MATE INTERVAL DISET AND DEATH
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fication I he	- P -			210 EXTERNAL	CAUSE WAS	21b. TIME OF HOUR A.	NJURY Month, Do	γ, Year	21c HOW INJRY OF	CURRED (Enfer not	ure of injury in Po	rt 1 or Port 2,	Item 1B }	
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he he	v ← co ⊃		墨	21d INJURY OC	L-a	ACE OF MUJRY (At home form st	treet	21f. LOCATION Street	or R F D No	C ty or Tow	'n	County	Stote
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O DEPUTY necessary,	may be FUNE A	-		NAME (Type)	D. D. C	Japies,	M.D., 0	Reiste	er Rd. DEP rstown, AM	MESS(Street, city t	own, or county)			
TO D	문		230	BURIAL, CREMA	TION. 23b [Y OR CREMATORY		LOCATION (City of	or Town)	(County)	(Stote)
	0			REMOVAL ISPOR		21-68	CHIZ	UK AMUI	O (ARLING	GTON)	BALTIMO	RE, MAR	YLAND	
	13	7		UNERAL DIRECT	OR			ADDRESS		250 REC D BY RI	EGISTRAR 25	h REGISTRAPIS	SIGNATURE	***
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MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH	
560 40.75		00612 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	00611
FUR STATE	1.0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEADIH DEPI.		FIRST Middle Last 20. DATE KNOWN Month D OF ESTI-	
Page 15	3 5	ANN DEATH MALED	
9 P 2 E		Formal T.T. T. Hours Min Months Day	2d. HOUR Year ₁₉ 68 10:Q
E 25 €		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 00 110:4
farm farm the De		BALTIMORE USA WIDOWED DIVORCED Baltimore	34
tate	10 (ITY OR FOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USJAL OCCUPATION (Kind of work done 12	b KIND OF BUSINESS OR
after death ny	1	DUNDALK give street address) 7203 Dunwood Ct. during most of working life, even if refired.)	DUSTRY
fter Giv ang ang th t	I3a	SUAL RES DENCE (Where deceased lived, funstitution Residence before 13c CITY OR YOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
rs after 18. Giv e alang 2 w th death.	٥	mission) STATE Maryland 13b. COUNTY Baltimore DUNDALK YES NO X 7203 Dunwood Co	t
I within 24 hours in pencil in llem 1 Examiner's Office File pages 1 and 2 in 72 hours after d	14 F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 in I ris (rs q	L	SAMUEL J. VEATCH LENI BENZ VEATCH	
within 24 pencl in caminer's le pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17, INFORMANT ADDRESS 17 INFORMANT ADDRESS	22
within pencil xamine ile pag	L.	es, no, or unknown) (Il yes give wor or dates of service) SAMUEL J. VEATCH AS IN	13a to •
ould be executed with vard "pending" in pene (hief Medical Exar ol transit permit File any event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Interstitial Pneumonitis (SDII)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e execute pending" ef Medica isit permit		*MMEDIATE CAUSE (a)	_
e ey pen ef M sit g		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave	
d b d : Chic		rise to immediate cause (a), (b)	
shauld be executed to ward "pending" is a the Chief Medical burial transit permit in any event within		stating the underlying cause Dut 10, OK AS A CONSEQUENCE OF	
ate sh g the sd ta ca bu		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(c)	
		The state of the s	
is certific te, writin farward te used a remayal,	CERTIFICAT ON	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
this cate, oe fare	H	WAS PERFORMED?	YES X NO
ER: This certificate, au d be fa es. hauld be u ian, ar rerian,		210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item	18.)
INER: TI ne certifice shau d ba files. 3 shauld 1	MEDICAL	CAUSE OF DEATH P.M. 19	
(AMINER: The the certification of the certification of the following the following state of the following the certain of the following the certain of the following the fo	\$		County State
		WHILE NOT WHILE TOCKORY, office building, etc.)	
CAL Executor Page for CTOR: burial,		22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry .	ond in my opinior
se eschol		deoth resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined monner .]
Ty please y, please rad direction to prior to pr		ACTUAL ACTUAL CHIEF MEDICAL EXAMINER (
MAIL Pri			15-68
o DEPUTY necessary, I the funeral 5 may be r 0 FUNERAL Health prid		EXAMINER'S Werner U. Spitz, M.D. DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	
necessa the fun 5 may 10 FUNE Health	230		ounty) (State)
1)		BURTAL JAN. 17,68 BALTIMORE NATIONAL BALTIMORE, MI	
PX.	24	ADDRESS 250 REC D BY REG STRAR 256 REGISTRAR S SIG	NATURE
VR A15ME (1)		W. BROOKS BRADLEY, DUNDALK, MD. DATE IAN 18 1968 Clores	es Judge
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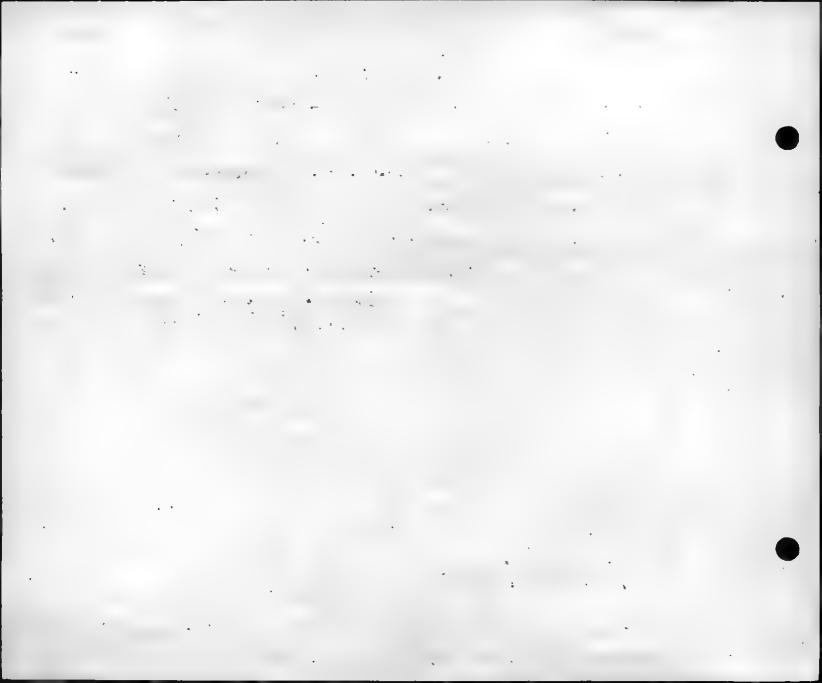
TO FUNERAL WIRECTOR: After this contribute has been signed by the attending paysician and completely filled in with Function director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages and should be filed with the State Dept. of Health prior to burial, crematian, or remaval, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

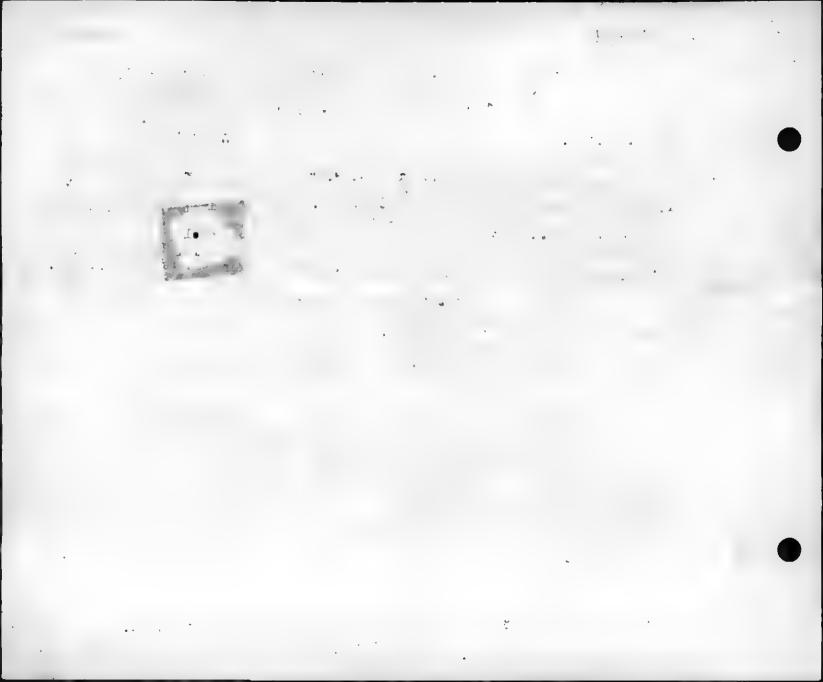
CERTIFICATE OF DEATH

<i>i</i>				11.11			0 0475 05 054711	(a) (10110)
death.		ECEASED-NAME (ype or pnnt)	First Grace	Middle	R Verr		2a DATE OF DEATH Month 01	POY 15 Year 60 2b. HOUR
	3 SE	x Female	4 RACE	Mite	5. DATE OF B	18-07	6 AGE (in years last bethday) YR	MONTHS DAYS HOURS MIN S.
iers. Pag 72 haurs	7a E cour	BIRTHPLACE (State or foreignitry) Language	gn 76. CITIZEN C	OF WHAT COUNTRY?	8 MARRIED THEYER MA WIDOWED DIVO	RRIED 9.	Raltimore	bW.
grie '		Randallat		11 NAME OF HOSPITAL OR INS give street address)	TITUTION (If not in haspital co. Co. Gen.		OCCUPATION (Kind of work dan of working life even if retired Paresser	
remave carbon any event, wit		USUAL RESIDENCE (Where ission) STATE	deceased lived, if in 13b. COUN		13c CITY OR TOWN	YES NO		
d in any	14, [FATHER'S NAME First Dav	id F	Zeigle	er Eda	MAIDEN NAME First	White Middle	Unite
en plea: aval, an		WAS DECEASED EVER IN U	S ARMED FORCES? yes give war or dates of serve	16b. SOCIAL SECURITY : 2 /6 - 63 - 3		lenge &	Ray 8605	Gray Tox Road
permit. The		PART I. DEATH WAS	nter only one couse (CAUSED BY: MMEDIATE CAUSE (a) DUE TO.	OR AS A CONSEQUENCE OF	Ucute ?	Myoza	relial infa	Class 1 2 Colors
I-transit p I, crematio		Conditions, if any, which use to immediate cous stoting the underlying last	e (o). (b)	OR AS A CONSEQUENCE OF	www oc		no weape	2 years.
re buria to buria	***	PART 2. OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE OR CON	IDITION GIVEN IN PART 1(a)	
se as th th prior	TIFICATION	19a DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATION WAS PE	RFORMED 200. AUT		20b. IF YES, WERE FINDING: CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
d far use of Health	MEDICAL CERTI	21a. ACCIDENT WAS UNIT OR CONTRIBUTING CAUSE (If either, notify medical	examiner)	P.M. 19			oture of injury in Part 1 or Port	
detache e Dept.	W	21d INJURY OCCURRED While Not while at work		URY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Town	County State
auld be the Stat				ottended the deceosed did) (did nat) view the	908, and that in (n	7 , 19 <i>6</i> 2 ny) (aur) apıni		19 <u>66</u> , that (I) (we) last date and haur ond from the
ge 3 sho		22b SIGNATURE	alpm	lea	DEGREE ATTEND PHYS.	DIRE		CC DATE SIGNED ()-15-68
directar, pag shauld be fil		22d. PHYSICIAN'S NAME (Type)	PEREZ-M	IERA	730	06 411	SERTY Rd	
direct shau	,	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE /-/8-/	968 Som	CEMETERY OR CREMATORY		23d LOCATION (City or Town)	(County) (State)
VR A15 (4) M REV. 1268	24.	FUNERAL DIRECTOR	Buenn	ADDRESS	Perte Road	DATE JAN	1 9 1968 REGISTRA	carles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06614 00613 CERTIFICATE OF DEATH DECEASED-NAME First Middle Inst 2n DATE OF DEATH 2b. HOUR (Type or print) January Marie В. Vogts law requires that the death certificate be executed within 24 haurs after 3 SEX 4. RACE 5. DATE OF BIRTH IF LINDER 1 YEAR IF KINDER 24 HRS. 6. AGE (In years the attending physician and campletely filled in by the fisit permit. Then please remave carban papers. Pages Female White Oct. 4, 1885 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | XI Baltimore, Md. Baltimore WIDOWED [7] DIVORCED [7] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Chesapeake Manor N. H. during most of working life, even if retired) Housewife 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before: 113c. City OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER 13b COUNTY Balto., Md. YES 🔽 1557 Waverly Way 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Lost Wm. Vogts V Michel John Anna 4111 96th Way North 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT (es, no, ar unknown) St. Petersburg, Flo. Mrs. Howard Parker APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Central vase accident DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been sused as the late to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO | this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. State City or Town County White Not while at work 220. I certify that (I) (this hospital) attended the deceased from over 19 , and that in (my) (O FUNERAL DIRECTOR: After 1967 to 29 Jan 1968 that (1) (we) lost and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED autoyaua MD **ATTENDING** STAFF PHYS. MED DIRECTOR DEGREE directar, page 3 shauld b∎ filed v PHYS. 22e. ADDRESS O Eastern Ave NAME (Type) RAFAEL A SANTAYAWA 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23g BURIAL, CREMATION, Loudon Park Cemetery Baltimore. Md. Aver 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)

30M REV. 1/68-



CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased bived, if institution; Residence before admission) I. PLACE OF DEATH a. COUNTY b. COUNTY c CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give aparast town) a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) ON A FARM? YES NO (Type or punt) John DEATH 19 68 AGE (In yours | IF UNDER 1 YEAR) 7. MARRIED NEVER MARRIED lest birthday) Months physician or foreign country) done during most of working life, even if retirad DOILER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. CAUSE OF DEATH |Enter only one cause par line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial Decompensation IMMEDIATE CAUSE (e) **DUE TO** Arteriosclerotic Cardio-vascular disease 10yrs. Conditions, if env. which geve rise to immediate couse DUE TO (e), stating the underlying PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO D 20b DESCRIBE HOW INJURY OCCURED (Enter natura of in ury in Part i or Part i) of itam 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 20a. PLACE OF INJURY (Homa, farm, 201 (City or lown) (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yaar fectory, street, office bldg., atc.) Not While Hour a.m. at work al work 21. I certify that (I) (this hospital) attended the deceased from 12-27- 1962, to 2-13- 1968, that (I) (we) last saw the deceased alive on. DATE 22a SIGNATURE MED SIGNED STAFF DIRECTOR 68 PHYS. rath. Page 4 22d. ADDRESS 22c. PHYSICIAN'S director, be filed 23e, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 VR A15 (4)

REPORT AND MENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06616 00615 CERTIFICATE OF DEATH 2b HOUR Middle 2g DATE OF DEATH DECEASED NAME requires that the death certificate be executed within 24 hours after death G20000 Manth Year . (Type or post) IF HNOFR 24 HRS S. DATE OF BIRTH 6. AGE (In years IE UMOER I YEAR 3. SEX HOURS Caucasion DAYS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign B. MARRIED T NEVER MARRIED country) United States. WIDOWED 1 DIVORCED [U2a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 4 NEW 12 (Find of work done give street address) 4 NEW 12 (Find of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR NEDICAL GENTER the ottending physicion and completely sit permit. Then please remove cacho 130. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? or removal, and in any event, admission) STATE MARYA BUT 13b. COUNTY NO 🖂 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle WEBER FRANK 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give wer or dates of service) 213-18-24 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND CEAT PART I. DEATH WAS CAUSED BY majo candras Ing IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE QE Anterio salerolia heath Disease Conditions, if any, which gave) sertendion buriol-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🔲 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) ē TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21F. LOCATION Street or R.F.D No. City or Town County State White Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 19 6, and that in (1968 to 1-28 1968 that (1) (we) last 19 6, and that in (my) (aur) apinian death accurred on the date and have and fram the be retoined should causes stated abave, (1) (we) (did) (did nat) view the bady after death.

22b. SIGNATURE

GUILAR

1/31/68

ATTENDING DEGREE PHYS 270 ADDRESS GREATER

22c DATE SIGNED

23a BURIAL, CREMATION, REMOVAL (Specify)

22d. PHYSICIAN'S

NAME (Type)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Moreland Memorial Cemetery Baltimore, Maryland

ADDRESS

23d. LOCATION (City or Town)

BALTIMORE MEDICAL OFNIER

director, poge should be filed 24. FUNERAL DIRECTOR

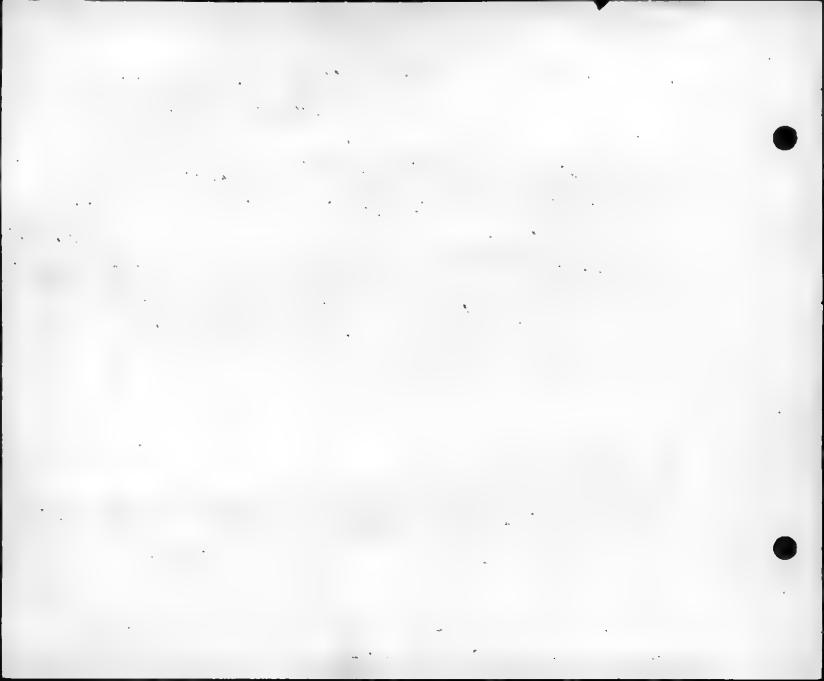
Wm. Cook-Brooks Towson 1050 York Rd. 21204

2So. REC'D BY REGISTRAR

(State)

2Sb. REGISTRAR'S SIGNATURE Markey

VR A15 (4) 30M REV 1/68



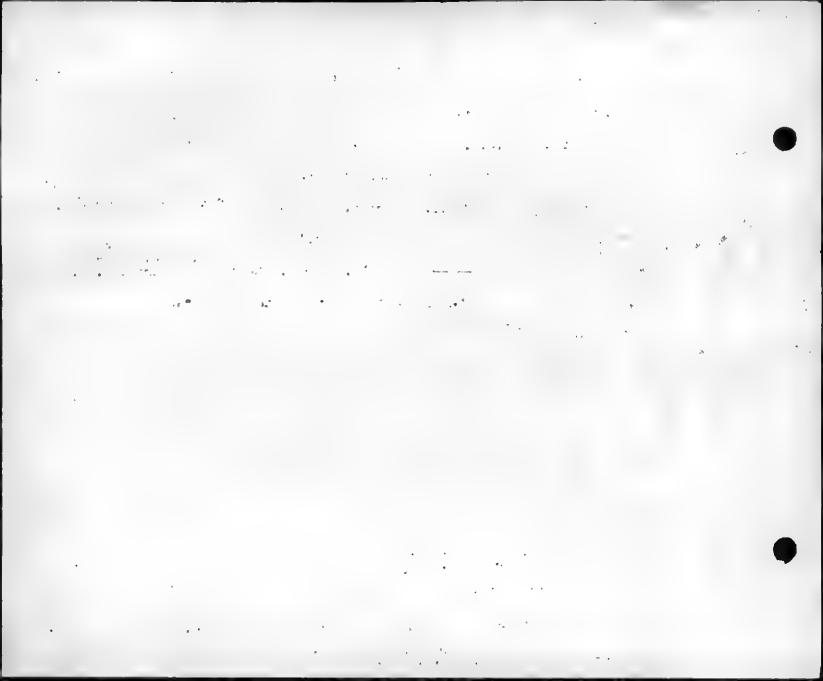
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00616FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH_DEPT. DECEASED-NAME Fifst M date 20. DATE KNOWN Month 2b HOUR Yeor (Type or Print) OF ESTI-/68 8:50An 19 Weigel Frank Moore DEATH MATED IF JHDER 24 HRS 4 RACE AGE (In years 2c. DATE PRONOUNCED DEAD 2d HOUR 3 SEX S. DATE OF BIRTH pup last birthday) MONTHS HOURS 3/3/95 White Male 8:50 YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH farm WIDOWED X Columbia Pa Towson, Haryland Give Pages United States 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Office alang with Retired-Production Beth Steel St. Joseph Hospital Towson, Md. 13e STREET AND NUMBER 30 USUAL RES DENCE (Where deceased lived, f institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? and 2 with odmission) STATE 13b_COUNTY 6848 Queens Ferry Rd. (Lity YES X NO 1 5 Balto. penci in Item 1 after 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle Lost Christian Elmira Weigel Brown farwarded to the Chief Medical Examiner's haurs pages 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** within (Yes, no, or unknown) George S. Weigel(son) Samex as above 를 £ APPROX MATE INTERVAL event within 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c)) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY. "pending IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burral-transit Conditions, if only, which gove rise to immediate couse (o), shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse <u>C</u> PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) This certificate Ö remayal. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? CERTIFICATI WAS PERFORMED? execute the certificate. YES [NO Z pe be 210 EXTERNAL CAUSE WAS 21b. T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Port 1 or Port 2, tem 18) 3 shauld shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M crematian. CAUSE OF DEATH 21e, PLACE OF IN. JRY (At home, form, street, 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE FUNERAL DIRECTOR: P 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection 7 Inquiry ond in my opinion deoth resulted from: Suicide 🗍 be retained Naturo couses Accident Homicide Undetermined monner please CHIEF MEDICAL EXAMINER prior **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) ADDRESS(Street city, town, or county) Charles F. O'Donnell. M.D. NAME OF CEMETERY OR CREMATORY 230 BUR A. CREMAT ON 23b DATE 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Buria New Cathedral Baltimore W.Jenkins 25h REG STRAR S SIGNATURE 2Sp REC D BY REG STRAR & Sons Co.4905 VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



00618 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00612 DECEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR er de at deat (Type or print) 68 Blanche Ν W elch $12:00N^{M}$ signed by the attending physicion ond completely filled in by the Na burial-tronsit permit. Then pleose remove corbon papers. Poges 1 burial, cremation, or removol, ond in any event, within 72 hours after 4. RACE OF LINDER 1 YEAR IF LINDER 24 HRS. 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) DAYS MONTHS HOURS # 11/27/75 Female Cau low requires that the death certificate be executed within 24 heurs 7b. CITIZEN OF WHAT COUNTRY? 7a, BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWED TY DIVORCED Baltimore 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Greater Baltimore Med. during mast af warking life, even if retired.) **Baltimore** Center 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 2/3c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13a STREET AND NUMBER 136 COUNTY NO -2913 Christopher Ave Maryland Balto 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Last Nathanial Gandy Sarah Gandy 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 11 N. 23rd. Street Yes, no. or unknown) Mr. John D. Welch, East Orange, N. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the lath prior to t Poge 4 moy be retained by the hospital or ottending hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? for use Health p YES 3 NO [this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year I be detached for State Dept. of H (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 1/3 , 19 00, ta 1/20 , 19 00, multiple (we) rust the deceased abve an 1/26/ 19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the OR ATTENDING O FUNERAL DIRECTOR: After director, page 3 should should be filed with the causes stated above) (1) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR DEGREE 1/26/68 PHYS. 22d. PHYSICIAN'S 22a, ADDRESS NAME (Type) R. Breitenecker, M.D. 6701 N. Charles Street 23a. BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BEMOYAL (Specify) _29_68 Loudon Park Cometery Balto Md 4101 Edmondson Ave. Balto, Md. 21229 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 [4] Milarlay & 29 30M REV, 1/68 Witzke Funeral Directors.

MARYLAND STATE DEPARTMENT OF HEALTIN



00619

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CEPTIFICATE OF DEATH

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	1/	V	1, 1		,

					CEIXIIIII	TAIL OF	PLAITI					
	ECEASED NAME Type or print)	First		Middle		Lost		2a. D	ATE OF DEATH Month	Day	Vana	2b HOUR 1:10
	,, ,	Edwin		Thomas	W	ESC				18 1	Yeor 968	P
3. 5			4 RACE	J A		5. DATE OF		200	6 AGE (in years	#F JNE		IF UNDER 24 HRS
	Male			ite		ME	y 6, 18		71	YRS.	1 07.17	II III
	BIRTHPLACE (State ntry)	or foreign 7	b CITIZEN OF WH	AT COUNTRY?		NEVER M		9 COUN	NTY OF DEATH			
	New J	ersey	UŞA		WIDOWED		ORCED		Baltimore			Md.
/ IO.	CITY OR TOWN OF	DEATH	11 NA	AME OF HOSPITAL OR INS	STITUTION (IF r	not in haspital	12a USU	AL OCCUI	PATION (Kind of work d	one 12t	KIND OF BI	USINESS OR
	Towso			St.	Josep	h Hosi	oital"	Eng	orking life, even it retir Ineer (Re	t) I	Marti	in Co
	ussiant STATE	•	136 COUNTY		13c. CITY OF	R TOWN	13d. INSIDE CITY L	IM TS7	13e STREET AND NUMBE		Da	
-		aryland		Balto.	1.				2518 Creig		ra.	
	FATHER'S NAME	First	Middle	Lost	1		MAIDEN NAME F	Hirst	Midd	l 0		Last
	Thomas . WAS DECEASED EV	FD IN H C ADMET		coat 166. SOCIAL SECURITY I	1	INFORMANT	Mart		0.4.1			
100	. WAS DECEASED EV Yes, na, ar unknown NO	(If yes give word	or dates of service)	TOD. SOCIAL SECURITY			110]]0	D	Wescoat-		7.0	
-						45. 1	JUETTA	I a	Wescoat-	- Jan		TE INTERVAL
	PART I, DEA	tree street corrects &	ha.e	e for (a), (b), and (c)						-	BETWEEN ONS	ET AND DEATH
	4/10	IMMEDIATE		Pulme	onary_	emphys	епа		<u> </u>	-		
1	Conditions, if any	7 %	DUE TO, OR A	S A CONSEQUENCE OF								
	rise ta immedio	te cause (a),((b)	T TOMOTOMOT OF								
	stating the under			S A CONSEQUENCE OF								
		/ /	(c)	TING TO DEATH BUT NO	OT PELATED T	O THE TERMIN	INI DISEASE OD	CONDITIO	N CIVEN IN PART I(a)			
	L. My	ocardial	libros	318		O THE TERMIN	IAL DISEASE ON	COMPINIO	it office in that Ites			
CERTIFICATION	190. DATE OF OPER	ATION 196 CO	NOTION FOR WH	ICH OPERATION WAS PE	RFORMED	20a AU	TOPSY?		20b. IF YES, WERE FINDS	IGS CONSIDE	RED IN CER	TIFYING
						YES	NO T	1 I	CAUSES OF DEATH?			
	210. ACCIDENT W				21c. H			r noture	of injusy in Part I or Pa	rt 2, Item 18	8.)	
MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH		Month Day Yeor								
MEC	21d INJURY OCC	URRED 21e. PL		AT HOME, FARM STREET, FAC OFFICE BUILDING, ETC.		DCATION Str	eet or R.F.D. No).	City or Town	Cou	nty	State
	While Not w	ork -	(OFFICE BUILDING, D.C.	1							
			hospital) otte	nded the decease	ed_from	1/15/	, 19_6	58_ , 1	to 1/18/ eoth occurred on th	19_68	_, that (k (we) lost
	saw the	deceased aliv	e on 1/	18/1	9 <u>58</u> , an	d that in (my) (our) opi	inion d	eoth occurred on th	e date an	d hour or	nd from the
	22b SIGNATURE /	ichea apare	1	(did not) view the	pody offer	aearn.				22c DATE S	LONED	
	220 SIGNATURE	X		6	DEGI	PEF BUYE	OING 🛄 🐧	MED DIRECTOR	STAFF PHYS.			, 1968
	22d. PHYSICIAN'S		> June		-	REE PHYS. 22e. Al		JIKECIUR	the PHYS. 601		- 3 - 0	7 700
,	NAME (Type)	Reynalde	Orjuel	a-Gomez, 1	M.D.	76	20 York	c Rd	., Towson,	Md. 2	1204	
230	BURIAL, CREMATIC	DN, 23b DA	IE	23c NAME OF	CEMETERY OR	CREMATORY		23d I	LOCATION (City or Town)	f(n)	inty)	[Stote]
	REMOVAL (Specify Burial		23/68	Myrtle	Hill			Va.	lley City	, Oh		(5,0,0)
24.	FUNERAL DIRECTOR		- /	ADDRESS	Balto	Md.	2So. REC'D B	REGIST	IRAR 256 REGIST	BAR'S SIGNA	TURE	
L	eonard	J. Ruc	k Inc.	5305 Ha	rford	Rd.	DATEJA	V 2 2	PAR 256 REGIST	iarea	Jud	16

TO FUNERAL DIRECTOR: After this certificote has been signed by the attending physician and completely filled to by the fur director, page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 Page 4 moy be retained by the hospitol or attending physician.



Milianes Judge

DATEJAN 19



MARYLAND STATE DEPARTMENT OF HEALTH

00621

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

/n -		CERTIFICATE OF DEATH
	Ī	DECEASED-NAME First Middle White 20. DATE OF DEATH January Month 15 Day 68 Year 2 10 pm
		S. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST birthday) 7. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years IF UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (In years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (IN years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (IN years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (IN years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (IN years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (IN years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (IN years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (IN years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. AGE (IN years III UNDER 19 ARS LOST) 1. DATE OF BIRTH 6. DATE O
d in by pers. 72 hour		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MARRIED
aly filled son pag within	19	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Town Son 12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) NEW SON NEW S
and completely fremove carbon nony event, wif		O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Mc CITY OR TOWN 13d MISTOR CONTINUED 13b. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13d MISTOR OF LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d MISTOR OF LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13d MISTOR OF LIMITS?
		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
ysicion pleose ral, ond i		So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) - (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT 215-54-172 Frances Par. Streetying -615 Creetaute
an. by the ottending physiransit permit. Then p		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
the ottending sit permit. Th nation, or rem		Conditions, if ony, which gave trise to immediate cause (a), (b)
13 m T 1		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost. (c)
ng physia en signe he burial to burial		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ottending hos been se os the th prior to		196. DATE OF OPERATION 396. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ospital or al certificate ha hed for use t. of Health	П	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
ne hospitol this certific etoched fo Dept. of H	1	Title either, notify medical examiner) P.M. 19 2 Id. INJURY OCCURRED While Not while of work
ed by the After Id be d		22a. I certify that (I) (this haspital) attended the deceased from June 25, 1949, to January 15 19 68, that (I) (we) last
RECTOR 3 shou		causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE MED. STAFF DIRECTOR PHYS. PHYS. DIRECTOR PHYS.
RAL DIR Poge be filed		22d. PHYSICIAN'S NEWLAND Edward DAYMD 22e. ADDRESS 4-E-330 St Bulto. Md 21218
Page 4 may O FUNIRAL director, po should be f	1	So. BUR AL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1-18-1968 Lorraine Park Woodlawn Md.
VR A15 13	7	A FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave. 250. REC'D BY REGISTRAYS, SIGNATURE OF THE PROPERTY OF

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*			tem 5 Film G39	DIVISION OF VI					E, MARYLAND	21201	00622	2
,			CEASED-NAME First	D T\TS\00	KK L Middle	ERTIFICA	Lost		DATE OF DEATH		() () () ()	2b. HOUR
dinath	de ord			lian -	nedgte → →	Willia		10.	Jen. Mon	th Doy	1 Xear 3	7:1
	\$ 7 to	3 SE	x Male	4 RACE		S.	DATE OF BIRTH	200	6 AGE	(in years ribday) YRS.	F JNDER I YEAR MONTHS GAYS	IF JNDER 24 HR
ج / ا	Poges and a	70 6	IRTHPLACE (State or foreign	V 11.te			April	16, 7/3/	INTY OF DEATH	66 " YRS.		
24 hours after	ed in by the apers. Page	COUR	Wales	U3A	COUNTRY	B. MARRIED	NEVER MARRIE DIVORCEI	UU	al timor	e e		1
within 2	표 으 늘		TY OR TOWN OF DEATH	II. NAME give stree	OF HOSPITAL OR INS	ITUTION (If not i	n hospitol	during most of v	JPATION (Kind of vorking life, ever PET	work dane if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
Executed within	physician and completely fen please remove corbon oval, and in any event, with		USUAL RESIDENCE (Where deceo			Grant		INSIDE CITY LIMITS?	13e. STREET AND	NUMBER	We.	
xec	on bu	14. F	ATHER'S NAME First	Middle	Lost			EN NAME First		Middle		Lost
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remuires that the death certificate be	ending nit. Th or rem		IB. CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDI	D BY ATE CAUSE (a)	_Cali	efer	Mortie	_ Ste	nsis		APPROXIA	MATE INTERVA. INSET AND GEATH
that the	d by the othertronsit perr cremation,		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	(b)	CONSEQUENCE OF	hrs0	artirio	schroei	is		Yea	IN
ujres	signed buriol-t buriol, c		PART 2 OTHER SIGNIFICANT CO.	(c)	TO DEATH BUT NO	T RELATED TO T	IF TERMINAL D	ISFASE OR CONDITI	ON GIVEN IN PART	1(0)		
rell	en sign to big to big	z	Super .			The state of the s	in thistophysta b	150152 0112 4110111		.(0)		
III low	icate has been for use os the Health prior to	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AUTOPS1	/? No ⊠	206 IF YES, WER CAUSES OF DEAT		ONSIDERED IN CE	RTIFYING
CIAM:		ਤ	210. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF DEA (If either, not fy medical exami	TH HOUR A.M. A	JURY Month Doy Year 19		INJURY OCCUR	RED (Enter noture	of injury in Port	I or Port 2,	Item 18.)	
PEYSICIA	his ce itoche Dept.	MEDI		PLACE OF INJURY (AT OFF			TION Street o	r R F.D. No.	City or Town		County	Stote
ATTENDING	R: After the sold be de the Stote		220. I certify that (I) (the saw the deceased causes stated above	live on / - 2		9 <u>65</u> , and t	hot in (mv)	, 19 <u>62.</u> , (our) opinion (to <u>//</u> death occurred	on the do	68 , that ite and haur	(I) (we) lo
TAL OR ATTENI	DIRECTO Be 3 sho ge 3 sho lled with		22b SIGNATURE	fund	2 2/1	DEGREE	ATTENDING PHYS	MED. DIRECTOR	STAFF PHYS.		DATE SIGNED	
HOSMITAL	IERAL DII or, page d be filed		22d. PHYSICIAN'S NAME (Type) TIJLE	M. Swish	er, jr.			s .Vorsit,	/ Yospi		3al 00.	. Md.
D HOS	o FUNERAL director, pa	23o.		DATE 7-68	23c. NAME OF G				o yii) NOITAJOJ	,	(County)	(Stote)
,	VR ALL AND	24	FUNERAL DIRECTOR	will	ADDRESS	11 11	1 25	o REC'D BY REGI	STRAR 25b.	REGISTRAR'S		
	30M REV. YOU	17	Larry W. At	ugu >	yarrel	e Mile	7. 0	ATE JAN	9 1968	Tille	relan long	Est.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06623 06623CERTIFICATE OF DEATH death within 24 hours after death unera 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATHb COUNTY .: o. COUNTY o STATE MARYLAND b CITY OR TOWN c LENGTH OF STAY IN 15 outside carparote limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS filled dpd YES NO ! and in any event, within carban NAME OF Middle DATE Month Doy Year First campletely DECEASED OF DEATH 29 (Type or print) The law requires that the death certificate be executed AGE (In years IF UNDER YEAR IF UNDER 24 HRS COLOR OR RACE **NEVER MARRIED** DATE OF BIRTH MARRIED lost birthday) Hours Min DIVORCED WIDOWED gind 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR physician a COUNTRY? during most of working life, even if retired) INDUSTRY OPTIMITICIA 14 MOTHER'S MAIDEN NAMI 13 FATHER'S NAM or remayal, 16 SOCIAL SECURITY NO. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes give wor or dotes of service) OblASON HUD, #22 burial, crematian, INTERVAL BETWEEN ONSEL AND DEATH IB. CAUSE OF DEATH (Enter only one couse per ling or (o)
PART I. DEATH WAS CAUSED BY. (b), and (c)) signed by the burnal-transit p IMMEDIATE CAUSE (o' 210- Vascylas Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse far use as the t f Health priar ta b attending has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO IO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for un TO HOSPITAL OR ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING CAUSE OF DEATH State Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (Stote) TIME OF INJURY Month, Doy, Year (County) Hour 'o.m. foctory, street, office bldg , etc.) Not While of work ot work 21 I certify that (I) (this hospital) attended the deceased fram. be retained director, page 3 shauld shauld be filed with the and that death accurred at 🕏 from causes and on the date stated obove. saw the deceased alive on 220 S.GNATURE DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 230 BUR:AL CREMATION DATE THEREO LOCATION (City or Town) (County) (Stote) Md 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00624 00624 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b HOUR ond t (Type or print) ADELE WINCHESTER 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 3 YEAR bon papers. Page-6. AGE (In years IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after 78 lost birthday) MONTHS DAYS HOURS h1-22-1889 Female White: 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore, Md. .⊑ Baltimore. WIDOWED A DIVORCED [U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
College Manor during most of working life, even if retired.) INDUSTRY Lutherville, Md. signed by the offending physician and complete burial-transit permit. Then please remove corb burial, cremation, or removal, and in any event, 130. JSUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY YES T NO 🗌 Baltimore 505 W. University Parkway 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First John W. Mealy Ida Harris 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) (It yes give war or dates of service) Mr.W.J.Winchester. 5709 Roland Ave. Balto, Md. 10 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160) the Health prior to has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING **EAUSES OF DEATH?** YES 🗀 NO 🖂 O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 2) F LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work . 19 60 , that (!) (we) last 22a. I certify that (1) (this haspital) attended the deceased from 0 19 6 and that in (my) (cort apinion death accurred on the date and hour and from the saw the deceased alive an. director, page 3 should should be filed with the causes stated above, (1) (we) (aid not) view the body after death. 22h SIGNATURE/ 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 2-1-68 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type)William G. Helfrich, M.D. 5006 Roland Avenue 23d. LOCATION (City or Town) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BURIAL, CREMATION,

Woodlawn Cemeterv

Woodlawn, Md.

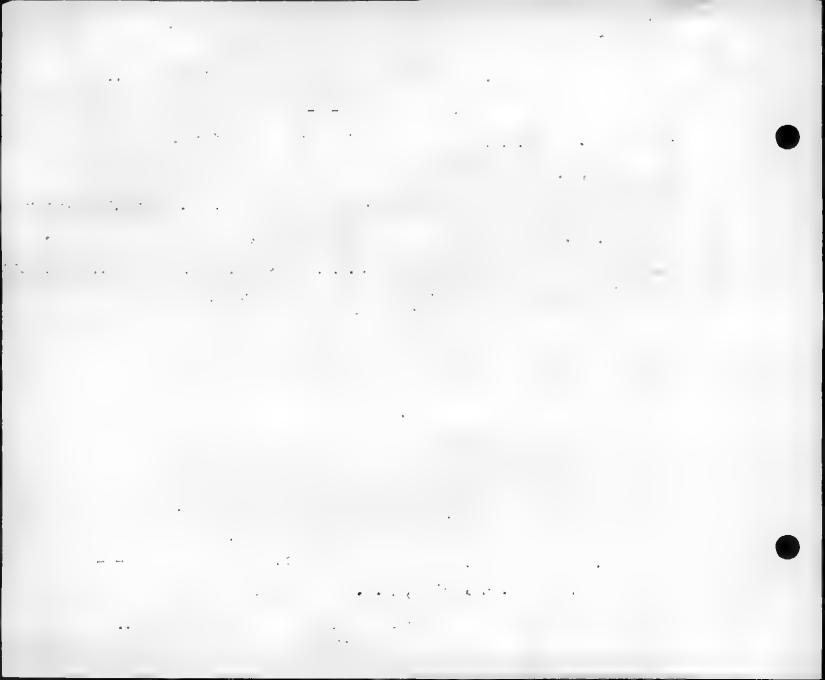
RECTUBLY REGISTRAN

DEL DATE

REMOVAL (Specify)

FUNERAL DIRECTOR

2/2/68



MARYLAND STATE OF HEALTH 06625 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00625 DECEASED-NAME First Middle Last 2a. DATE OF DEATH re∎ui≡s th∎t th∎ death certificate be executed ≡ithin 24 hours aft≡ death. (Type or print) physician and completely filled in by the funeral en please. Poges and process remove carbon papers. Poges aver, and in any event, within 72 houss after ged Lillian Mae Wingfield Jan. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last highday) OAYS MONTHS WE 1, 1885 female white 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign 8. MARRIED X NEVER MARRIED COUNTY OF DEATH Baltimore U.S. DIVORCED [WIDOWED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR during most of working life, even if retired) give street oddress) INDUSTRY Catonsville SPRING GROVE STATE HOSP 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before Jac CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 1309 Hollins Street Balto. signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Last 16b. SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or dates of service) Yes, na, ar unknawn) Records: SPRING GROVE STATE HOSPITAL APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Bronchopneumenia, bilateral IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19c DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TO NO I 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME. FARM, STREET, FACTORY. \ 21f LOCATION Street or R.F.D. No. City or Town County State While Mat while at wark Dec. 5, 19 67, to Jan. 16, 19 68, that \$0 (we) lost 22a. I certify that (bt (this hospital) attended the deceased from <u>Dec. 5</u>, 19<u>67</u>, to <u>Jan. 16</u>, 19<u>68</u>, that (b) (we) lost saw the deceased alive an <u>Jan. 16</u>, 19<u>68</u> and that in (courses stated above, (b) (we) (did not) view the bady ofter death. 22c DATE SIGNED 22h SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 1-16-68 director, page 3 should be filed w DEGREE 22e, ADDRESS PRING GROVE STATE 22d. PHYSICIAN'S NAME (Type) Anthony J. Young, M.D. Maryland 21228 Raltimora.

NAME OF CEMETERY OR CREMATORY

VR A15 (4) 30M REV. 1/68 23a. BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

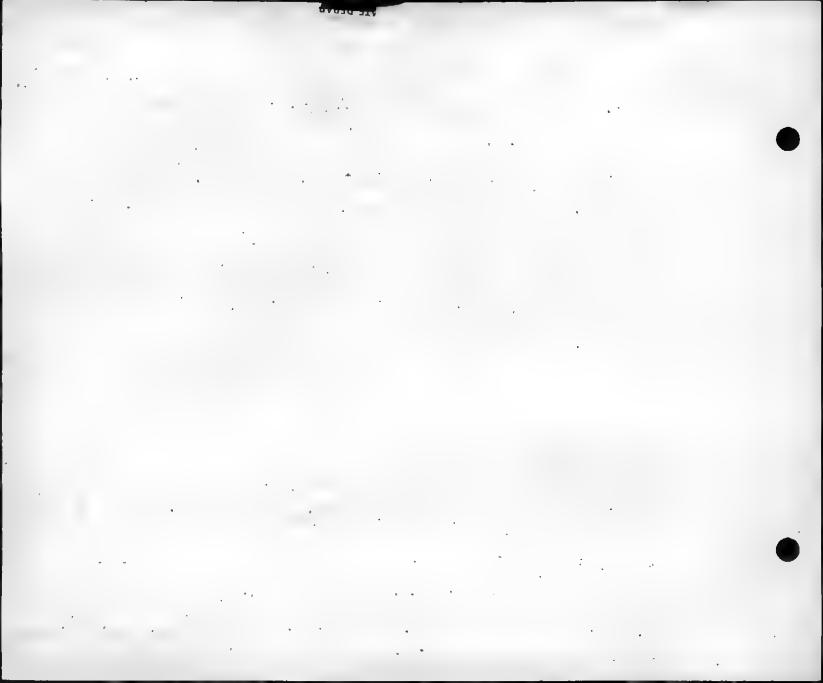
DATE AN

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

(County)

(State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00626 CERTIFICATE OF DEATH 00626 2o. DATE OF DEATH 1." DECEASED-NAME Middle Lost 2b. HOUR funeral I and (Type or print) 10.41au 6 AGE (In years TE UNGER I YEAR IF UNIOER 24 HRS. 4 RACE 3 SEX lost birthood MONTHS . HOURS 7-16 requires that the Immth certificate by mecuted within 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country). WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY remaye carban 13d. INSIDE CITY LIMITS? 38 STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY_OR TOWN odmission) STATE 13b. COUNTY YES X 4 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle by the attending physician and transit permit. Then please rem crematian, ar removal, and in an Lost Charles S. 2/100 Address 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) -67-6908 -A APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c). PART I. DEATH WAS CAUSED BY EMBOLUS & NEARCTION ULHONAG IMMEDIATE CAUSE (o' 4270 DUE TO, ORAS A CONSEQUENCE OF ONGESTIVE signed by the burial-transit p burial, crematin Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to l off has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO X YES | use O FUNERAL DIRECTOR: After this certificate 216. ACCIDENT WAS UNDERLYING **Nospital** ar 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) 21e PLACE OF INJURY - (AT HOME PARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from Nec 295, 1967, to Yan, 2, 1968, that (I) (we) last saw the deceased alive an 2nd 1968, and that in (my) (aur) apinlan death accurred an the date and haur and from the b≡ retained sauses stated abave, (1) (we) (did) (did nat) view the body after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. director, page should be filed 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) DUNCAN

23c NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

30M REV

24. FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (Spenily)

Leonard J. Ruck, Inc. Balto. Md. 21214

23b. DATE

1/6/68.

2So. RECD BY REGISTRAR 1968

23d. LOCATION (City or Town)

Baltimore, Md.

25b. REGISTRAR'S SIGNATURE

(Stote)



MARYLAND STATE DEPARTMENT OF HEALTH 00627 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00627 DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b HOUR (Type or print) 3. SEX DATE OF BIRTH 6. AGE (In years 4. RACE IF UNDER , YEAR filled in by the in papers. Poges whin 72 hours ofte requires that the death certificate be executed within 24 hours ofter MONTHS lost birthday) HOURS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED A DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street oddress) KINCS VILLE during most of working BELAIR RA MARINE INDUSTRY during most of working life, even if retired) the ottending physician and completely, sit permit. Then please remove, sarbon KINGSVILLE REO#/ BOX U.S GOVIERN 13c CITY OR TOWN 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 3d. INSIDE CITY JIM.TS? COUNTY ond in ony ev 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost TULF CHR 13TO PHED 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address KINGSVILLE Yes, np. or unknown) WWI 18. CAUSE OF DEATH (Enter only one couse per Jine for (a), (b), and (c)) BETWEEN DINSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Crteriosclerolic DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) **burial-transit** rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) hos been 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the hospital or 2 o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING. TO CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT NOME, FARM, STREET, FACTORY 21f LOCATION Street or R.F.D. No. City or Town County Stote While | Not while | of work 22a. I certify that (I) (this haspital) attended the deceased fram... and that in (my) (aur) apinion death accurred on the date and have and from the saw the deceased alive an causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS r, poge be filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) KERM BELAIR director, BONDVICH ALLISTON 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) LTIMORE NATIONAL

7110 BELAIR RO

2So REC'D BY REGISTRAR

DATE A N

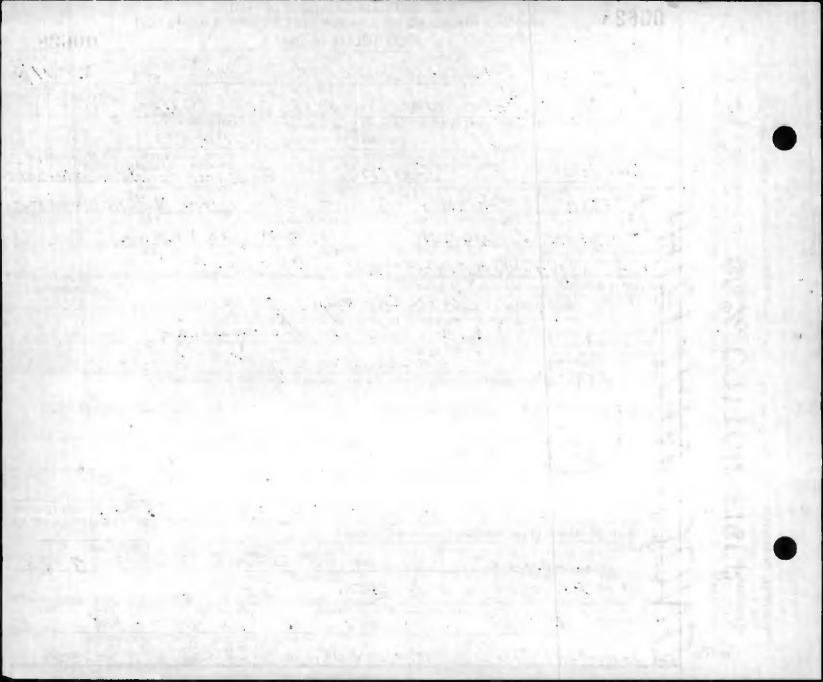
2Sb. REGISTRAR'S SIGNATUR

30M REV 1/68

24. FUNERAL DIRECTOR VR A15 (4) PAIFL



MARYLAND STATE DEPARTMENT OF HEALTH 00628 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#6Film#G397 2/2/68 phcertificate of DEATH 00628 1. DECEASED-NAME Middle 20. DATE OF DEATH (Type or print) HEN ZAWORSKI 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) SHTROM and in any event, within 72 haurs requires that the death certificate be executed within 24 haurs 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED WINEVER MARRIED physician and completely filled in WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12p. USUAL OCCUPATION (Kind of work done give street address) during most of working life, even if retired.). INDUSTRY en please remave carban EXTRUDER ODERAIS WES 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND WIMBER Lakewood 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First 9WOR5 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT burial, crematian, ar removal, APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART far use as the l I Health priar ta k peen 190, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? hos CAUSES OF DEATH? YES 🗀 director, page 3 should be detached for use should be filed with the State Dept. of Health Page 4 may be retained by the hospital or this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work TO FUNERAL DIRECTOR: After 220. I certify that (I) (this haspital) attended the deceased from 1 - 21, 1968, to 1 - 23, 1969, that (I) (we) lost saw the deceased olive an 1 - 21969, and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 226-DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 23d_LOCATION (City or Town) (State) (County) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 [4] 30M REV, 1/68



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ISION	OF	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

00629			00629						
1. DECEASED-NAME (Type or print)	First ESTHER	Middle ZINSER	Last	20. DATE JANU		v1968	ear	2b. 7	HOUR
3. SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER		IF UNDER	
FEMALE	WHITE		MARCH 4.	1889	lost birthdoy) 78 YRS.	MONTHS	DAYS	HOURS	3619

V. DLF	7. 10100			3. DAIL OI D	114111		,	1 1 1 2 1 1 1	1		The board	11001100	1 2000
FEMALE	WHI	TE		MARCH	4. 1.	889		lost birthdoy)	YRS.	MONTHS	DAYS	HOURS	MIN
7a. BIRTHPLACE (State or foreign country)	75. CITIZEN OF WI			D NEVER MAI		1	NTY OF D						
BALTO MARYLANI	u.s	. A.	WIDOWE	D X DIVO	RCED 🗌	L	3ALTI	MORE					N
PIKESVILLE	give MI	AME OF HOSPITAL OR IN: street address) LFORD MANO	R NUR	SING HO	during MB	HOUS	vorking lil SEWIF		ad.)	INDU		BUSINES	5 OR
130. USUAL RESIDENCE (Where dec		ion: Residence before	13c. CITY	OR TOWN	13d. INSIDE CIT		13e. STRE	ET AND NUMBER	3				
odmission) STATE MARYLANT	3 13b. COUNTY	- V	BALT	IMORE	YES X	NO 🗌	5824	JONOUI	LA	AVEN	IUE	#21	215
14. FATHER'S NAME First	Middle	last		IS. MOTHER'S M	AIDEN NAME	First		Middl	e			Lost	
MOSES		RIBERKOF		DORA								?	
16a. WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes g	ARMED FORCES? ive war or dates of service)	16b. SOCIAL SECURITY I		7. INFORMANT 1RS. JEA	NNE Z	NE	LSON.	Addre 5824					
18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMM			Core	nary	Thr	inb	دزره					MATE INTER	
Conditions, if any, which ga	ve) (b)	AS A CONSEQUENCE OF	HI	SIMD	Ш					1	c y	ear	1
stating the underlying cau lest.		AS A CONSEQUENCE OF	Dia	butes	m	c/1.	tus			1	4 7	ex	J
PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE O	R CONDITIO	ON GIVEN	IN PART 1(a)					

	stating the underlying cause lost.		Piabetes	mellitus	14	year
Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDITION GIV	/EN IN PART 1(a)	
3	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOF		IF YES, WERE FINDINGS CONSIDERED	IN CERTIFYING

YES 🔲 NO 🗙 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. P.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY.) 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work

and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (we) (did) (did not) view the bady after death

tables stated above, (i) (we) (aid) (aid ital) view the bady after death.									
22b. SIGNATURE	If zentry	DEGREE	ATTENDING PHYS.	MED. DIRECTOR		STAFF PHYS.		22c. DATE SIGNED 1/2/67	
22d. PHYSICIAN'S			22e. ADDRES	S					

,	NAME (Type)	DR.	ISRAEL	ZINBERG	4000	W.	NO	RTHERN	PARKW	AY
30.	BURIAL, CREMATION,	23b.	DATE	23c. NAME OF CEMETERY OR CREMA	ORY		23d.	LOCATION (Cit	y or Town)	(County)
	BURTA (Specify) 1-3-68		-3-68	BALTIMORE HERREW			21	BALTIN	MORE.	MARYLAND

FUNERAL DIRECTOR ADDRESS

2So. REC'D BY REGISTRAR 1968 State

(State)

DATE JAN LEVINSON & BROS. INC. 6010

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by her director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24: Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been OM REV. 16

MEDICAL

